

# American Optometric Association NEWS

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News blog  
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Volume 48

December 2009

No. 8

## Optometry's Meeting® to showcase gaffs and laughs



**Security expert Frank W. Abagnale**

The 2010 Optometry's Meeting® June 16-20 at the Gaylord Palms® Resort and Convention Center in Orlando, Fla., will put engaging men in the limelight.

Security expert Frank W. Abagnale is the Opening General Session keynote speaker thanks to the generous support of Essilor.

Abagnale is renowned as an authority on the subjects of forgery, embezzlement and secure documents.

He has lectured to and consulted with hundreds of

financial institutions, corporations and government agencies around the world for more than 30 years and has been associated with the Federal Bureau of Investigation (FBI) for more than 35 years.

He was selected as a distinguished member of "Pinnacle 400" by CNN Financial News in 1998.

Abagnale is a member of the Board of Editors for Bank Fraud and IT Security, as well as the Financial Fraud Law Report.

The 2010 Presidential

Celebration will feature funny men Frank Caliendo and John Pinette thanks to the generous support of HOYA.

As a comedian, impersonator and impressionist, Caliendo is known for his live stand-up comedy act and uncanny voice and physical impersonations.

He's especially known for his impressions of George Bush and football expert John Madden.

Caliendo was a cast

See *Entertainment*, page 12



**Comedian Frank Caliendo**

## CMS delays PECOS deadline to April 5

The U.S. Centers for Medicare & Medicaid Services (CMS) is delaying until April 5, 2010, implementation of a controversial, new payment policy that will effectively require all health care practitioners who see Medicare Part B patients to be listed in the government health plan's national Provider Enrollment, Chain and Ownership System (PECOS).

Medicare had planned to begin rejecting claims for noncompliance with the new

policy on Jan. 4, 2010.

Practitioners will now have additional time to deter-

providers through the system, the CMS observed in announcing the delay last

administrative problems that re-enrollment through the PECOS system may raise,

postpone the registration deadline in the wake of a massive effort, organized by the AOA Advocacy Group, to inform administrators of widespread practitioner concerns and possible solutions to problems associated with the PECOS policy.

The agency announced it was postponing the PECOS deadline a week after receiving a letter from health care practitioners – developed by the AOA Advocacy Group,

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*The CMS decided to postpone the registration deadline in the wake of a massive effort, organized by the AOA Advocacy Group, to inform administrators of widespread practitioner concerns and possible solutions to problems associated with the PECOS policy.*

mine if they are listed in the PECOS provider roster and, if not, to re-enroll as Medicare

month.

It may also allow practitioners to better plan for any

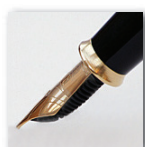
according to the AOA Advocacy Group.

The CMS decided to



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**President's Column**  
Much to be thankful for



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**Spotlight on AOA Members**  
Iowa practice celebrates 80 years



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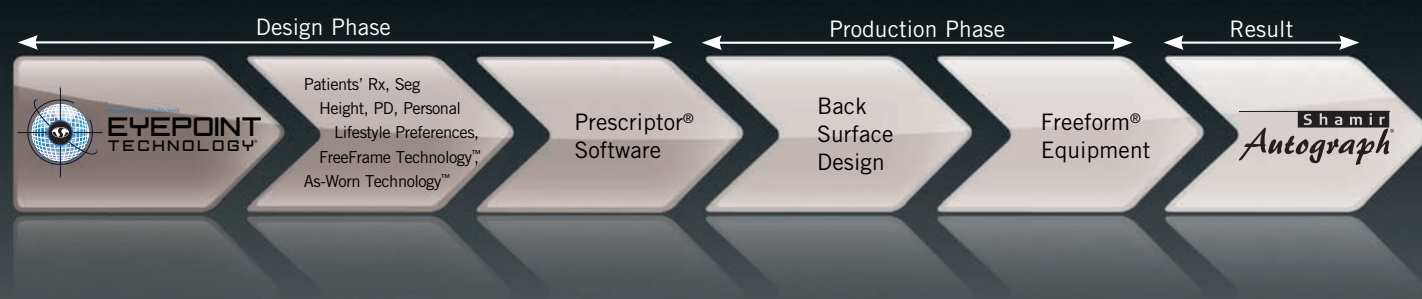
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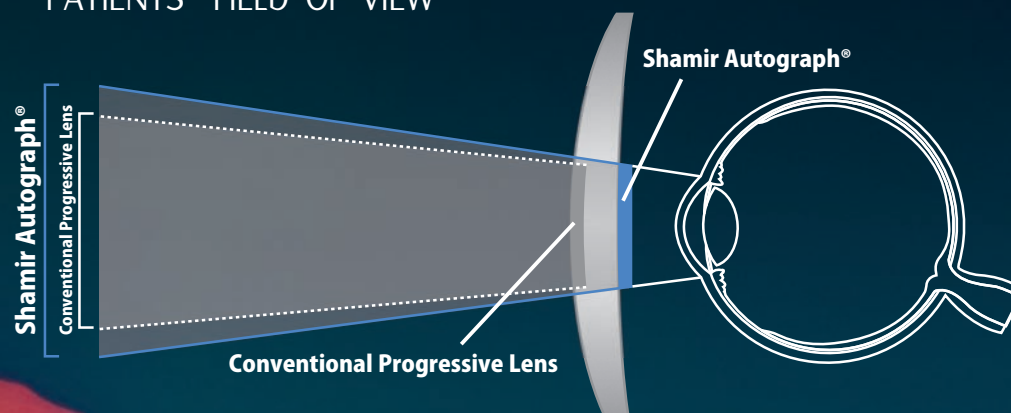
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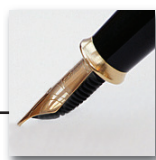
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## PRESIDENT'S COLUMN

### Much to be thankful for

As I write this column, I am waiting for our family and friends to arrive for our Thanksgiving feast. During this holiday season we are reminded that we have much to be thankful for, both personally and professionally. On a personal level, I am thankful for my family's health as our family grows larger with daughters-in-law and grandchildren. Seeing family and friends make the effort to come together and celebrate puts our lives in perspective. A good colleague and former state leader in New Jersey is fighting a valiant battle with cancer. His positive outlook and optimistic demeanor despite constant setbacks helps me realize that we should never take our family's health for granted. I am thankful both for his leadership in optometry and teaching me what is important in life.

On a professional level, I am thankful to those who have preceded me in practice to make our chosen avocation better for me and my contemporaries. As we all know, our scope of practice is determined state by state by our activity in legislatures. How we practice our chosen profession is, in great part, decided by those optometrists in each state who have preceded us.

And on a national level, we also give thanks at this holiday season to those ODs who have served to advance optometry. I am thankful for the dedication of time and energy of those who serve on the AOA Board with me and

to those who volunteer their time on AOA committees. It is through your efforts that the profession is made better for future practitioners to practice optometry.

Your AOA continues to provide our profession with a strong, effective voice. The AOA's momentum in Washington, D.C., continues to grow since June, when we had the largest gathering ever of optometrists on Capitol Hill. I am thankful to the more than 500 optometrists and students who brought

sional committees over organized medicine and insurance industry interests. This has happened through the efforts of state affiliate optometric leaders and grassroots optometrists who took the time and effort to bring our pro-access, patient-centered agenda to their elected officials. For your efforts, I am thankful.

Your AOA has a clear mission and consistent message. While the substance of that message is decided by optometric leadership

*Our advocacy – and data collected from an AOA-supported survey on practice expense – pushed the Centers for Medicare & Medicaid Services to add \$288 million to Medicare payments over the next four years starting in 2010 to ODs.*

our agenda to the forefront.

Our advocacy – and data collected from an AOA-supported survey on practice expense – pushed the Centers for Medicare & Medicaid Services to add \$288 million to Medicare payments over the next four years starting in 2010 to ODs. I am thankful to the more than 100 ODs who took the time to complete the survey. Your efforts have helped the entire profession and for that we are grateful.

Optometry's interests have prevailed in key health care reform votes in congress-

throughout the country by AOA volunteers and the AOA Board, that message is delivered through the efforts of our AOA staff in Washington and St. Louis as well as the affiliate executive directors and their staff. The staff representing optometry works tirelessly to bring our efforts to advocate for the profession to the forefront both in Washington and on Main Street. As the heart and soul of the profession, I am thankful for your dedication.

And while I am being thankful, Optometry's Charity™ – the AOA



**Dr. Brooks**

Foundation continues to provide critical public service through such programs as InfantSEE® and helps our optometric colleagues when disasters strike their towns and cities. At this time of year, I am thankful that they are there in times of need and I encourage everyone to join me in expressing our thanks by writing a check to Optometry's Charity™ and sending it to Optometry's Charity™ – The AOA Foundation  
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or by donating on their Web site at

[www.optometryscharity.org](http://www.optometryscharity.org).

We have much to be thankful for both personally and professionally at this time of year. I am especially thankful to the optometric profession for allowing me to represent you as your AOA president and to my family and friends for continuing to show me what is important in life.

And, to my friend in New Jersey: Keep fighting.

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# APHA meets to address public health challenges

## Marshall is second OD to be elected vp of organization



**Past chairs of the Vision Care Section (VCS) celebrate 30 years of the VCS during the annual Eye Opener Breakfast for APHA leadership. From left front, Sandy Block, O.D., Mort Soroka, Ph.D., and Siu Wong, O.D., MPH. From left back, Ed Marshall, O.D., MPH, Bernie Maslovitz, O.D., MPH, Jonathan Goldberg, O.D., MPH, John Whitener, O.D., MPH, Concetta Daurio, O.D., MPH, and Debbie Hettler, O.D., MPH.**

The American Public Health Association (APHA) concluded its 137th Annual Meeting and Exposition last month in Philadelphia, where more than 12,000 public health professionals from around the world met to address the nation's top public health challenges and more than 900 scientific sessions provided the most up-to-date public health research.

"It was fitting that on the heels of the House passing health reform legislation with a number of critical prevention and wellness provisions, thousands of leading experts, researchers and practitioners came together to learn from each other and explore new strategies for addressing a wide range of critical public health issues," said Georges C. Benjamin, M.D., executive director of APHA. "It served as a great reminder of the importance of the work public health professionals do each day to protect and promote health."

The Vision Care Section, which was created 30 years ago, continues to expand its visibility and recognition at the national level with the election of Edwin Marshall, O.D., MPH, as APHA vice president (USA).

Dr. Marshall has a long history of involvement in

public health and with the nation's oldest, largest and most diverse organization of public health professionals in the world.

He is a founding member of the Vision Care Section, having served as its chair and representative on the APHA Governing Council.

Dr. Marshall is a past member of *The Nation's Health* advisory committee and a former chair of the APHA strategic planning committee.

He is the only optometrist to have been elected chair of the APHA Executive Board, as well as the only optometrist to have been elected president of the Indiana Public Health Association.

He is a founding member and adjunct professor of public health in the department of public health at the Indiana University (IU) School of Medicine, and as chair of the IU Public Health Coordinating Council he has administrative oversight for the development and coordination of two new schools of public health at IU on the Bloomington and Indianapolis campuses.

Dr. Marshall follows Les Caplan, O.D., as the second optometrist to be elected APHA vice president.

Debbie Hettler, O.D., MPH, was a last-minute entrant as candidate for the APHA Executive Board.

Dr. Hettler placed very well in the final count of the Governing Council vote, although she just missed being elected to one of the three slots.

She was asked two weeks prior to the annual meeting to fill in for a candidate who withdrew due to personal reasons.

At the meeting, the 212 members of the Governing Council passed without dissent the policy resolution "Access to Vision Care in Community Health Centers."

The resolution urges the Health Resources and Services Administration (HRSA) to increase resources to improve access to on-site primary eye and vision examinations for patients who receive care at community health centers and address workforce issues by creating recruitment and retention strategies for optometrists and ophthalmol-

*More than 900 scientific sessions provided the most up-to-date public health research.*

ogists including the National Health Service Corps to provide comprehensive vision care services at community health centers (CHCs).

"The fact that this resolution was passed without any changes or dissent indicates that APHA members from various health disciplines realize the importance in improving on-site access to comprehensive vision care services in Federally Qualified Community Health Centers," said John Whitener, O.D., MPH, author of the resolution.

The Vision Care Section sponsored a number of sessions, including "Visual Health in Vulnerable Populations in the U.S. and

Worldwide" and co-sponsored several other sessions with Oral Health, Podiatric Health, Injury Control and Emergency Health Services, and Community Planning and Policy Development.

The Vision Care Section also sponsored sessions on Healthy Eyes Healthy People® posters by Sarah Hinkley, O.D., Marcela Frazier, O.D., and AOA staff person Uzma Zumbrink, MPH.

Other sessions included "Missing Health Services at Community Health Centers" (jointly organized by the Vision Care and Community Health Planning and Policy Development sections); "Eye Injuries—Ounces of Prevention/ Pounds of Cure" (jointly organized by the Vision Care and Injury Control and Emergency Health Services sections); "Vision and Aging in Health and Disease"; and "Setting the Stage for Multidisciplinary Diabetes Care: Obstacles and Opportunities," (jointly organized by the Vision

Care, Oral Health and Podiatric Health sections), according to Christine Hardy,

O.D., Vision Care Section program chair.

In the session "Access and Utilization of Eye Care Services: Barriers and Breakthroughs, Ocular Epidemiology, Interventions, and Outcomes and Children's Visual Health," William A. Monaco, O.D., Ph.D., and Duncan MacLean, M.D., stated that it is evident that visual function, eye health, and the comorbidities associated with aging are crucial areas of health care with an estimated 80 percent or more of all nursing home residents receiving no eye care after admission into the nursing facility.

In "Missing Health

Services at Community Health Centers," Roger Wilson, O.D., Susan Primo, O.D., MPH, and AOA Associate Director of Health Sciences and Policy Michael Duenas, O.D., spoke about the lack of on-site vision care in community health centers.

According to HRSA, on-site eye and vision services are provided in only 18 percent of health centers.

Dr. Duenas spoke about the need to move beyond the traditional vision community in targeting high-risk communities by intersecting with the broader public health, governmental and environmental concerns that address the underlying causes of disease disparities.

A framework for these important changes in community health was described by Dr. Duenas' presentation along with a presentation by B. Suzi Ruhl, J.D., MPH, of the Environmental Protection Agency, Office of Environmental Justice.

Individually, they discussed new opportunities that involve health prevention models, environmental justice and the power of public health and brownfields.

They identified unique potentials in directing these combined energies toward workable and demonstrated solutions to improve public health, including the expansion of community health centers that can offer a full range of primary care services to vulnerable populations.

As part of the 30-year celebration of the Vision Care Section, a reception was hosted by Tony Di Stefano, O.D., MPH, at Salus University.

Dr. Di Stefano provided an update on the transformation of the Pennsylvania College of Optometry (PCO) to Salus University and the launch of the new distance-learning MPH program next fall, as well as public health

*see APHA, next page*



# APHA's VCS bestows awards

The American Public Health Association (APHA) Vision Care Section honored award recipients at its annual meeting last month.

Georges C. Benjamin, M.D., executive director of APHA, received the Vision Care Section's Distinguished Service Award for his contin-

"As a former state health officer of the state of Maryland, his comments regarding enhancing the scope of optometric practice before the Puerto Rico legislature were particularly beneficial to the legislative intent of Puerto Rican optometrists. His address before the AOA House of Delegates on the

ment of InfantSEE® as an important public health initiative provided it with a level of credibility that can only come from someone of his position and stature."

InfantSEE® was selected as the recipient of the prestigious APHA Vision Care Section 2009 Outstanding Scientific Project Award.

The InfantSEE® program is recognized for raising the awareness of the essential need in infants to have good vision and healthy eyes for normal growth and development.

As a public health program, InfantSEE® was designed to provide eye care for infants between 6 and 12 months nationwide at no cost, regardless of income or insurance coverage. InfantSEE® has developed an experienced track record addressing children's vision needs as well as providing a centralized data reporting form and process for these assessments.

There were two recipients of the Morton W. Silverman 2009 Outstanding Student Project: Jacqueline G. Davis, O.D., MPH, of The Ohio State University College of Optometry (OSUCO), for "Effects of Extern Outreach Clinical Rotations on Optometric Practice Modalities" and Eric Cheng, class representative of the University of Houston College of Optometry (UHCO) Community Health Optometry Class of 2012 for "Healthy Eyes Healthy People® Eye Health Promotion: An Eye Health Education Service—Learning Project."

Dr. Davis' research question was "Do community outreach activities have long-term effects on students as they go on to pursue their professional health care careers?"

To address that issue, a survey tool was developed to canvas two groups of OSUCO alumni.

The two groups were 1995-2000 graduates who had not been exposed to any outreach extern programs and

*InfantSEE® was selected as the recipient of the prestigious APHA Vision Care Section 2009 Outstanding Scientific Project Award.*

uing advocacy and contributions to promote and advance the positive relationship between optometry, vision care and public health.

"Dr. Benjamin's energetic support of optometry and promotion of ocular health have been most expressive through his personal presence and testimony on behalf of our profession's quest for unchallenged and uncompromised access to eye and vision care services for all of society," said Siu Wong, O.D., MPH, awards chair.

importance of collaboration generated the synergy for administering the AOA/APHA Memorandum of Understanding and the subsequent identification of effective pathways for attaining mutual public health goals. His meeting with the ASCO Board of Directors and his invaluable contributions to optometry's academic leadership helped identify and set a strategic direction for the academy's pursuit of academic excellence in the 21st century. Dr. Benjamin's endorse-

## APHA,

from previous page

certificate programs in health policy, health promotion, international health and economic development, humanitarian health care and community education.

As part of the public health initiative, Dr. Di Stefano announced a number of collaborating partnerships with organizations including the AOA and the International Council for the Education of People with Visual Impairment.

Next year's APHA meeting will be Nov. 6-10, 2010, in Denver.

Founded in 1872, the APHA is the oldest, largest

and most diverse organization of public health professionals in the world.

The APHA represents a broad array of health providers, educators, environmentalists, policymakers and health officials at all levels working both within and outside governmental organizations and educational institutions.

The Vision Care Section represents 1.6 percent of total membership in the APHA and is one of 26 sections within the organization.

For more information about joining the APHA, visit [www.apha.org](http://www.apha.org).



**Georges Benjamin, M.D., receives the Vision Care Section Distinguished Service Award from Siu Wong, O.D., MPH, Awards chair.**

2001-2006 graduates who had rotated through outreach externships during their senior year.

The outreach facilities included programs such as optometric clinics located in homeless shelters, schools for the blind, inner-city schools and other agencies offering health care to underserved populations.

The survey found the OSUCO outreach program had significantly influenced the practice patterns of its graduates.

Graduates who completed a rotation through one of the college's outreach facilities donated 94 percent more of their professional services to needy individuals within their communities, compared to those graduates who did not have the outreach experiences.

Alumni who completed the outreach rotations also overwhelmingly agreed that their optometric education had well prepared them to be comfortable and confident providing care to patients from diverse socioeconomic, ethnic/ racial and disability backgrounds and to understand the complexities of health disparities.

The UHCO class provided community service through a service-learning project by delivering eye health education to school-age children with the goal of creating an appreciation for the miracle of vision and the need to care for the most pre-

cious organs of sight: the eyes.

In addition to basic information on eyes and vision, instruction was given on potential hazards to the eyes and the protection needed to guarantee a lifetime of good vision.

The class of 100 optometry students was divided into 12 groups.

While general guidelines for the project were provided by the course master, the students conducted all planning, development, and delivery of the eye health education presentations.

Each group appointed a leader and formulated an action plan that addressed the identification of a target audience, the creation and delivery of the presentation, and the assessment of target audience outcomes.

At the conclusion of the project, each group's leader coordinated the preparation of a final report in hard-copy format that described the group's activities.

The group report included the action plan, role of each group member, outline of the presentation with visual aids, photos, a journal of all group meetings and activities, demographics of the target audience children, and an assessment of the outcomes of the education delivered to the target audience through an analysis of pre- and post-testing of the children.

For more information, visit [www.apha.org](http://www.apha.org).



circulated by the American Medical Association (AMA) and endorsed more than 50 health care practitioner organizations – objecting to the policy.

The letter emphasized that enrollment in the PECOS system can be difficult and may entail lengthy Medicare payment delays.

The letter was signed by some 40 physician organizations – including the American Academy of Family Physicians, the American College of Physicians, and the American College of Surgeons – as well as organizations representing major non-physician durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers.

The PECOS was launched nationwide by the CMS in 2003 to provide a single national practitioner database, accessible to all Medicare payment contractors and state Medicaid programs.

The database has come to be considered an integral part of the CMS's effort to curb Medicare waste and abuse, particularly in the providing of durable medical equipment.

Because Medicare enrollment through the PECOS has been required since November 2003, virtually all practitioners who have begun providing care under the health plan since that time are already in the system, the AOA Advocacy Group notes. However, most practitioners who began seeing Medicare patients prior to that time probably are not.

The CMS notes that the new payment policy provides impetus for all Medicare practitioners to register in the PECOS system.

It establishes a new payment stipulation that must be observed when physicians order health care products and services for Medicare patients or refer Medicare patients for such products or services.

The rule is targeted in large part at providers of

## PECOS enrollment instructions

The U.S. Centers for Medicare & Medicaid Services offers the following advice for new and established practitioners regarding enrollment in Medicare through the Provider Enrollment, Chain and Ownership System (PECOS).

❖ Health care practitioners who are not enrolled in the Medicare program, or who enrolled more than six years ago (and have not submitted any updates or changes to enrollment information in more than six years), do not have an enrollment record in PECOS. In order to continue to order or refer items or services for Medicare beneficiaries, those practitioners will have to submit an initial enrollment application by either:

–Using Internet-based PECOS (which transmits enrollment applications to the Medicare carrier or Part A/B Medicare Administrative Contractor [A/B MAC] via the Internet). The practitioner must then mail a signed and dated Certification Statement to the carrier or A/B MAC immediately after submitting the application.

–Filling out the appropriate paper Medicare provider enrollment application(s) (CMS-855I and CMS-855R, if appropriate) and mailing the application, along with any required additional supplemental documentation, to the local Medicare carrier or A/B MAC, who will enter the information into PECOS and process the enrollment application. Information on how to enroll in Medicare is found on the Medicare Provider/Supplier Enrollment Web site.

❖ Health care providers who are already enrolled in Medicare should make sure they have a current enrollment record. Providers can determine if they have an enrollment record in PECOS by calling their designated Medicare carrier or A/B MAC, or by going online, using Internet-based PECOS, to view enrollment records. The CMS will be posting information to the Medicare provider/supplier enrollment Web site that will guide practitioners through this process. Information about Internet-based PECOS and a link to Internet-based PECOS can also be found on the Web site. Before using Internet-based PECOS, the CMS recommends practitioners read information that is posted on the site and in the Web site's downloadable documents section.

The Medicare Provider/Supplier Enrollment Web Site can be accessed at [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll).

high-cost DMEPOS, such as wheelchairs and home oxygen units.

However, implementation of the rule has posed problems for providers of a number of other health care products – including eyeglasses – which the CMS classifies as DMEPOS, the AOA Advocacy Group notes.

Under the new policy, which technically took effect Oct. 5, Medicare payment contractors are to only honor claims for health care products or services when patients are referred, or the products are ordered by, a health care practitioner listed in the PECOS database.

In an effort to phase in the new policy, Medicare payment contractors have been continuing to pay claims, even when the ordering/referring physician is not found in PECOS or in carrier enrollment records, providing special remittance remarks (N264 -missing/ incomplete/ invalid ordering physician

provider name, and N265 -missing/ incomplete/ invalid ordering physician primary identifier) to remind practitioners of the new requirement. However, those special remarks codes are not being used on remittance advice for paper claims.

The AOA Advocacy Group recommends all optometrists – particularly those who have noticed such codes in remittance advice – to see if they are in the PECOS database, using the PECOS Web site (<https://pecos.cms.hhs.gov/pecos/login.doc>).

Practitioners who are in the PECOS database should review and update their listings if necessary, the CMS adds. The CMS notes that many PECOS files lack National Provider Identifier (NPI) numbers, which are now required under law for Medicare claims. (Prompted by a high number of N264 or N265 warning messages related to missing NPIs, the

CMS announced last month it would start adding NPI numbers to PECOS files.)

Practitioners who are not listed in the PECOS system should take time to become familiar with the enrollment process (see box) and make plans to enroll in the system prior to the April 5 deadline.

Just as important, practitioners should develop plans to deal with cash flow disruptions that may result from entry into the PECOS system as well as reimbursement delays that may occur if they provide, through their dispensaries, post-cataract eyeglasses prescribed by doctors who are not yet in PECOS.

“Entry into the PECOS system effectively means re-enrolling as a Medicare provider,” an AOA Advocacy Group staff person noted. Once a Medicare provider enrollment application is filed through PECOS, any previous enrollment application is nullified. That means Medicare claims filed by the practition-

er cannot be processed until the PECOS enrollment application is completed. And the processing of PECOS applications can take months, under even the most favorable circumstances, the AOA Advocacy Group notes.

Even practitioners who enroll in PECOS online must download, complete and mail some paper forms to Medicare payment contractors. In many cases, payment contractors may require a week just to route the forms internally and a week to process them, the AOA Advocacy Group reports. In some cases, the process has taken up to a year, the AOA Advocacy Group reports.

The CMS also announced last month that it will make publicly available on the Internet the names and NPIs of Medicare physicians and non-physician practitioners who are listed in the PECOS database and therefore eligible to order or refer under the Medicare program.

“This will allow Part B providers and suppliers who furnish and bill for items or services, based on orders or referrals, to determine if the ordering/referring provider being identified in their claims (is listed in the PECOS) prior to submitting the claims to Medicare,” the agency said.

The online PECOS listing should be helpful in assisting optometrists who fill eyeglass prescriptions written in other practices for Medicare patients, but who may be unable to determine if the prescribing practitioner is authorized to order or refer under the new Medicare rule, the AOA Advocacy Group notes.

The CMS also announced it will be preparing new Special Edition *Medicare Learning Network* (MLN) Matters Article on the new rule.

Additional information on PECOS can be found on the CMS Web site at [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll).



**Dr. Jennifer Planitz**  
**Optometrist**  
**Explorer**  
**Luxottica Partner**

Jennifer Planitz loves trekking in the rugged New Mexico landscape. When she is not trekking, or teaching jazzercise, or contributing an article to a professional journal, Dr. Planitz and her husband run one of New Mexico's busiest optometry practices. Rio Eyecare Vision Source in Rio Rancho, NM has a staff of 12 and offers a specialty in pediatric optometry. She cares a great deal about her patients, her dedicated team and the partners she chooses.

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## MA plans may require fraud courses

The Centers for Medicare & Medicaid Services (CMS) requires all Medicare Advantage (MA) plans to educate their contracted providers on the prevention of Medicare fraud, waste, and abuse and to show evidence of compliance prior to Dec. 31, 2009. MA plans could drop physicians from their networks for non-compliance.

Many ODs have already been contacted by MA plans, which are requiring doctors and staff to participate in online education provided by the payers, according to the AOA Advocacy Group. The education is required for the MA plans to continue to work with Medicare and also required for the providers to continue their contracts with the MA plans.

Many MA plans provide the online training free of charge. Anthem Blue Cross/Blue Shield's Fraud, Waste and Abuse Training program is typical (<http://tinyurl.com/ydesw7d>). The Anthem program meets CMS requirements and includes an attesta-

tion statement.

Each optometrist's office should keep a log documenting that both doctors and staff have viewed the materials. A model log can be accessed on the AOA Web site's Manual Guides and Surveys page ([www.aoa.org/x4686.xml](http://www.aoa.org/x4686.xml)).

Since it is common for providers to be contracted with more than one MA plan, it is permissible for providers to simply verify that all doctors and staff have viewed the material once and then attest to their compliance by responding to Internet addresses provided by each insurer. It is not necessary to repeat the course for each insurer, but practices should report their training to each MA plan that requests it.

In addition to the physician, staff employees including receptionists, administrators, nurses, billers, and coders who provide medical care or administrative services may need to complete the training.

Physicians may be considered first-tier entities or downstream entities in the Medicare regulations for MA

plans. First-tier and downstream entities enter written agreements to provide administrative or health care services to MA beneficiaries. The CMS holds each MA plan responsible for ensuring that all of its contractors and subcontractors are trained, but the training might be provided by another contractor rather than the plan itself.

The compliance plans include written standards of conduct, designation of a compliance officer, effective training, lines of communication to address concerns, internal monitoring, disciplinary mechanisms, and procedures for responding to offenses. Training must be provided annually.

The CMS will audit the MA plans to determine whether the training requirement was met. The Medicare agency may demand to see practitioners' logs to determine whether the MA plan met its obligations.

This requirement took effect in 2009. The same requirement applies to Medicare Part D plans.

## Registration errors prompting DMEPOS revocation letters

Some optometrists, notified over recent weeks that their Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) billing privileges were being revoked due to lack of compliance with a new Medicare surety bond requirement, may have inadvertently listed themselves as opticians on their DMEPOS supplier enrollment forms, according to the AOA Advocacy Group.

Practitioners who receive such notices should take action quickly to ensure their Medicare DMEPOS billing privileges are maintained, the AOA Advocacy Group emphasizes. However, appropriate action will probably involve correcting a clerical error rather than posting a surety bond, AOA Advocacy Group staff says.

The Medicare National Supplier Clearinghouse (NSC) last month reportedly sent Notice of Revocation letters to a number of optometrists and ophthalmologists around the nation informing them that their Medicare supplier numbers would be revoked within 30 days because they had failed to post a \$50,000 surety bond that is now required for most Medicare durable equipment providers.

Optometrists, who provide refractive lenses and contact lenses to their own patients under Medicare, are specifically exempt from the surety bond requirement, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

As a result, Medicare NSC officials have told the AOA Advocacy Group that they are not under orders to revoke the billing privileges of optometrists for infractions related to that requirement.

However, after being asked by the AOA to investigate the reason for the notices, the NSC staff reported that in some cases optometrists apparently have checked "optician" on the CMS 855s Medicare DMEPOS supplier enrollment forms.

Opticians are not exempt from the surety bond requirement. As a result, optometrists who made such errors on their enrollment applications may have received revocation notices, according to NSC staff.

Practitioners who receive a DMEPOS notice of revocation should promptly call the NSC national customer service line (866-238-9652) and ask to verify the primary specialty listed in their Medicare provider records.

If the specialty type is listed incorrectly, the practitioner should respond to the notice of revocation by promptly filing a statement of intent to submit a Corrective Action Plan (CAP) or a Request for Reconsideration. The response should include appropriate sections of the CMS 855s form, changing the primary specialty to "Physician, including Optometrist." The resubmitted CMS Form 855s must include Sections 1A, 1B, 2B (Supplier Type), 3, and 15 (Authorized Official with original signature and date). The response should be sent to the address provided in the NSC letter.

Practitioners who find their specialty type is listed correctly will have to enquire further with NSC staff to determine the reason for the notice of revocation.

With a number of DMEPOS-related issues facing health care practitioners, the NSC customer service lines have been extremely busy, the AOA Advocacy Group notes. Practitioners may need to try several times in order to get through.

CMS Form 855s can be accessed the CMS Web site ([www.cms.hhs.gov/cmsforms/downloads/cms855s.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms855s.pdf)) AOA members in need of additional assistance regarding the revocation notices should contact AOA Washington office staff person Rodney Peele at [rpeelee@aoa.org](mailto:rpeelee@aoa.org).



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# Current addresses required for Medicare practitioners, CMS warns

Medicare payment contractors last month mailed special notices to all Medicare fee-for-service, sole-proprietor physicians, reminding them to keep their practice information up to date in the government health plan's files.

Failure to do so could cost practitioners their right to bill and receive payment from Medicare – particularly if out-of-date address information kept them from getting last month's special mailing, the AOA Advocacy Group notes.

Practitioners who did not receive the notice last month – particularly those who receive their Medicare reimbursement electronically – may wish to check the accuracy of mailing address information they have on file with their Medicare payment contractors, the AOA Advocacy Group advises.

Medicare regulations require health care practitioners to promptly notify carriers of any changes regarding:

- ❖ Practice address (including the moving, opening or closing of a practice location);
- ❖ Business structure (e.g., sole proprietorship to sole incorporated owner, or vice versa);
- ❖ Registered business name or federal Tax Identification Number;
- ❖ Practice status (such as the retirement of a practitioner or voluntary withdrawal from the Medicare program);
- ❖ Adverse actions [such as debarment or exclusion by any federal or state health care program, license suspension or revocation, felony convictions (within the last 10 years), revocation of Medicare billing privileges and revocation or suspension by an accreditation organization];
- ❖ Reassignment of benefits;
- ❖ Banking arrangements or payment information.

Physicians are required to notify Medicare payment contractors of changes in banking arrangement immediately. All other changes are to be reported

ed within 90 days, the U.S. Centers for Medicare & Medicaid Services (CMS) notes.

Because most Medicare

tioner. Billing privileges are to remain deactivated until the carrier receives and processes a Form CMS-855 from the practitioner providing up-to-

billing privileges should a Medicare reimbursement check be returned by the postal service. Any optometrists who provide care

that they may have out-of-date address information on file, an AOA Advocacy Group staff person notes. Most Medicare payment contractors regularly mail bulletins and other materials to health providers.

Practitioner address information can be checked using the provider listings on the CMS's Medicare Web site ([www.medicare.gov](http://www.medicare.gov)).

Practitioners also can call their payment contractors and check the address on file. A listing of payment contractors and their toll-free provider information numbers can be found on the CMS Web site at [www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip](http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip)

A Medicare Learning Network article on the reporting requirement notices can be accessed on the CMS Web site at [www.cms.hhs.gov/MLNMattersArticles/downloads/MM6278.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6278.pdf).

*Practitioners who did not receive the notice last month – particularly those who receive their Medicare reimbursement electronically – may wish to check the accuracy of mailing address information they have on file with their Medicare payment contractors, the AOA Advocacy Group advises.*

providers now receive reimbursements electronically, most are probably dutiful in reporting any changes in their banking or direct deposit arrangements, the AOA Advocacy Group says.

However, many such practitioners may not be as diligent in keeping Medicare informed of mailing address changes or other practice information, the AOA Advocacy Group staff believes.

That could mean payment disruptions for such practitioners in the wake of this month's special notices on Medicare reporting responsibilities, they warn.

The CMS in October instructed Medicare payment contractors to provide the special notices to all Medicare fee-for-service, sole-proprietor physicians by Nov. 30, and to sole proprietor non-physicians by the end of the year.

Payment contractors are to consider any notices that are returned as "undeliverable" by the U.S. Postal Service to be evidence that a practitioner does not have current information on file with Medicare.

In such cases, payment contractors are to deactivate the practitioner's billing privileges (unless the practitioner has a change of address enrollment application pending).

Medicare payment contractors are to then send a revalidation letter to the practi-

date practice information.

"Claims for services rendered from the date of deactivation until the date of reactivation may not be payable..." the CMS notes in a recent Medicare Learning Network advisory.

Medicare regulations have long required payment contractors to deactivate

under the Medicare fee-for-service program in sole proprietor offices may wish to check the accuracy of their Medicare carrier records, the AOA Advocacy Group suggests.

In particular, practitioners who do not regularly receive bulletins or other mail from their Medicare payment contractors should be concerned

## AOA fights 2-front battle on Capitol Hill to ensure fair treatment for ODs

While determined work continues in Washington, D.C., to ensure fair treatment for optometrists and patients under health care reform, the AOA is now fighting a two-front battle on Capitol Hill to preserve hard-won gains and prevent massive cuts in Medicare reimbursement for optometrists serving millions of America's seniors around the nation.

On the first front, the AOA is now working with key members of Congress to prevent a considerable cut in Medicare physician payments set to take effect shortly.

Without AOA-backed corrective legislative action, ODs and other Medicare physicians face a 21 percent cut in reimbursement starting Jan. 1, 2010, and an overall cut of 40 percent by 2016.

The AOA has convinced

*Without AOA-backed corrective legislative action, ODs and other Medicare physicians face a 21 percent cut in reimbursement starting Jan. 1, 2010, and an overall cut of 40 percent by 2016.*

Congress to intervene and prevent scheduled cuts in recent years – saving millions of dollars in payments to ODs – but a quickly shrinking legislative calendar, a long list of time-sensitive issues requiring congressional action before the end of the year, and an increasingly divisive debate over the scope and direction of health care reform have all made the outcome of this central fight gradually more uncertain.

"Optometry now faces enormous challenges in our efforts to ensure fair treatment and pay for ODs serving America's seniors throughout our nation," said Randolph E. Brooks, O.D., AOA president. "Right now, the AOA is fighting a two-front battle in Washington, D.C., and we are committed to preserving our hard-won gains and preventing enact-

*see Congress, page 15*



## AOA Congressional Advocacy Conference to offer new CE credit

As part of the continuing effort to ensure ODs are heard loud and clear in Washington, D.C., the AOA is proud to announce open registration for the 2010 AOA Congressional Advocacy Conference. And for the first time ever, participating ODs will have the opportunity to learn more about Health Information Technology (HIT) and earn valuable CE credit in the process.

The 2010 AOA Congressional Advocacy Conference will be held March 2-4 at the J.W. Marriott Hotel in Washington, D.C., located on Pennsylvania Avenue between the U.S. Capitol and the White House.

The Congressional Advocacy Conference provides leading ODs and students from across the country with an opportunity to help build new awareness and understanding of the profession, advocate for AOA-backed bills being considered on Capitol Hill and ensure ODs continue to be heard by Congress and the Obama Administration.

At next year's conference, participating doctors and students can help the AOA keep the spotlight on optometry's priority concerns for 2010 and beyond, including expanding patient access to eye and vision care, designating children's vision as a national health care priority and securing full recognition for ODs in federal health programs. A new addition to the conference, participants can also sign-up to earn two hours of CE and learn more about issues surrounding HIT.

The new course will be presented by Ken Eakland, O.D., and qualifies for two hours of COPE approved CE. The course is titled "Electronic Health Records –Time to get on the train!" and has been developed to provide clinically relevant and detailed information on the use and implementation of Electronic Health Records (EHR).

The course will provide specific information of how EHR can enhance patient management, and increase the quality of care within an optometric office. Details on the new federal laws, regulations, and EHR implementation incentive programs – including The HITECH Act, PQRI, and E-Rx – will be discussed.

Attendees will learn a step-by-step sequence on how to analyze, plan, and implement EHR into their optometric practice. In addition, a continental breakfast will be provided.

To learn more about the 2010 AOA Congressional Advocacy Conference and to view a tentative agenda, visit: <http://www.aoa.org/x13590.xml>. To go directly to registration, visit: <http://congressionaladvocacyconference.aoa.org>.

In June 2009, as the debate over national health care reform intensified, more than 500 ODs and optometry students from around the country converged on Capitol Hill to urge leaders in Congress to ensure access to optometric eye and vision care for America's families, including veterans, working men and women, children and seniors. For a full recap of the 2009 Congressional Conference, visit <http://www.aoa.org/x13138.xml>

A powerful video highlighting the important work of hundreds of OD and student volunteers during the 2009 AOA Congressional Advocacy Conference is available for viewing on the AOA YouTube channel at [www.youtube.com/user/aoaweb](http://www.youtube.com/user/aoaweb).

## Scott to serve as NECO president

New England College of Optometry (NECO) Board of Trustees Chair Steve Manfredi announced the election of Clifford Scott, O.D., MPH, as the college's 12th president, effective immediately. In assuming this position, he will also become president of the New England Eye Institute, the college's patient care and clinical education subsidiary.

As a NECO faculty member since 1970, Dr. Scott has held a variety of positions, ranging from clinical instructor to department chair.

During his 18 years as the chief of optometry at an affiliated Veterans Affairs (VA) hospital, he expanded and enhanced student rotations and initiated the optometric residency program.

Dr. Scott was promoted to professor in 1990 and awarded tenure in 2005 after becoming a full-time academic faculty member. His dedication to education has earned him several academic and clinical teaching awards.

He is currently the vice president and dean of Academic Affairs at the college.

"Cliff's core values are in remarkable alignment with those of the college," wrote Manfredi in the announcement. "He is deeply committed to shaping the future of optometry and to developing educational policies that prepare graduates to practice

in the health care landscape of the next decade. He promotes diversity and inclusion and endorses NECO's sustainability initiatives.



**Dr. Scott**

He regards scholarship and research as key elements in both academic and clinical education. He is resolute in maintaining NECO's leadership position in international optometric education."

After graduating with honors from the Massachusetts College of Optometry – NECO's predecessor – Dr. Scott joined the U.S. Air Force as an optometrist and later entered private practice in Newport, R.I.

He has also served as head of the optometric section at the West Roxbury VA Medical Center, as a member of the Food and Drug Administration's Ophthalmic Devices Panel, and the editorial review board of several journals, and as a consultant for the Accreditation Council on Optometric Education. He has written extensively on clinical eye care, most recently authoring or co-authoring four chapters in the textbook *Ophthalmology*.

## Entertainment, from page 1

member of "MADtv" and was a member of the FOX NFL Sunday Pregame show.

Caliendo has his own new sketch comedy show, titled "Frank TV," on TBS.

Also appearing with Caliendo is Pinette, who was named Stand-Up Comedian of the Year by the American Comedy Awards in 1999 and has received a Gemini Award nomination for his televised performance at The Montreal Comedy Festival in 2000.

Pinette got his big break when he was asked to tour with Frank Sinatra.

Since then he has become a regular guest on "The Tonight Show" and "The View."

Pinette was featured in the movie "Duets," starring Gwyneth Paltrow, "Dear God," starring Greg Kinnear, and "Junior," starring Arnold



**Comedian John Pinette**

Schwarzenegger.

He was a regular on the hit series "Parker Lewis Can't Lose" and starred as the car-jacking victim in the final episode of "Seinfeld."

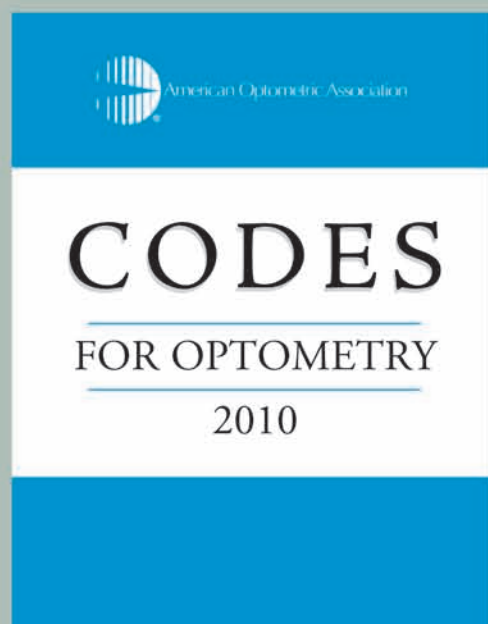
Pinette's comedy CDs

"Show Me the Buffet" and "I Say 'Nay Nay'" have been very successful. His latest project is "I'm Starvin'!"

Registration and housing open in February 2010. Visit [www.optometrymeeting.org](http://www.optometrymeeting.org).



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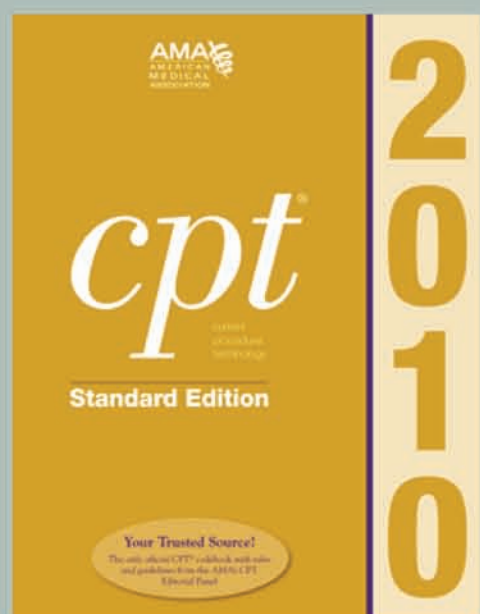
*"No health care provider, especially a doctor of optometry, should be without these key references... And they are all included in AOA's Codes for Optometry."*

Charles B. Brownlow, OD, Associate Director, AOA Third Party Center



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# CMS urges flu shots for patients, health care providers

The U.S. Centers for Medicare & Medicaid Services (CMS) is asking health care providers to encourage their patients with Medicare to get seasonal flu shots.

"Flu shots are their best

defense against combating flu this season. And don't forget—health care workers also need to protect themselves," CMS officials note in a recent public statement.

Medicare provides coverage of the flu vaccine without

any out-of-pocket costs to the Medicare patient as a Part B benefit.

No deductible or copayment/ coinsurance applies.

(The CMS notes that influenza vaccine is not a Medicare Part D-covered

drug.)

For more information about Medicare's coverage of the seasonal influenza vaccine and its administration, as well as related educational resources for health care professionals, log onto the CMS

Web site at [www.cms.hhs.gov/MLNProducts/35\\_PreventiveServices.asp](http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp).

Information on Medicare policies related to H1N1 influenza can be found on the Web site at [www.cms.hhs.gov/H1N1](http://www.cms.hhs.gov/H1N1).

## What's Left on Your Financial Review Checklist?



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And with the new AOA Online Benefits Center Web site, it's never been easier or more convenient to learn more details about each product and even obtain rate quotes.

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## Correction

Arol R. Augsburger, O.D., president of Illinois College of Optometry swore in the newly elected 2009-2010 associates of the National Optometric Association (NOA) as well as the offices of the National Optometric Student Association during the NOA's 41st annual convention this summer in Charleston, S.C.

Edwin Marshall, O.D., MPH, vice president for Diversity, Equity and Multicultural Affairs at the Indiana University College of Optometry, served as master of ceremonies.

An Oct. 5 article in AOA News omitted mention of Dr. Augsburger's role at the meeting.

## Send letters to:

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## Congress, from page 11

ment of an unfair cut in Medicare reimbursement.”

On the second front, the AOA is now engaged in a battle to preserve a hard-won correction to the Medicare fee schedule and better recognition of the value of eye care and the practice expenses of ODs.

Early last month, the Centers for Medicare & Medicaid Services (CMS) announced that the agency would move forward with plans to provide \$288 million in additional payments to optometrists between 2010 and 2013. (See *AOA News*, November 2009).

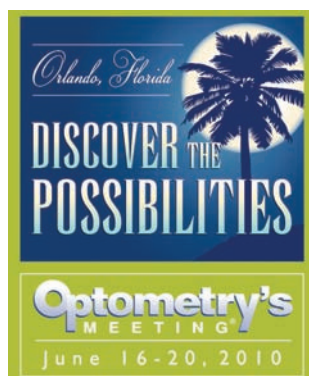
The AOA worked closely with the CMS and other provider groups to correct inequities in the current Medicare payment system.

The new CMS policy would mean a 5 percent boost in payments for ODs in 2010.

However, the AOA is now fighting to retain this hard-fought win in the face of a large-scale, multimillion-dollar lobbying effort launched by cardiology and other specialties that have benefited for years from the lopsided fee schedule.

Stay tuned for further updates as the AOA fights alongside leading lawmakers to ensure fair pay and treatment for ODs.

Should the AOA prove successful in convincing Congress to prevent the 21 percent Medicare fee cut and persuade the CMS to retain the corrected pay structure, Medicare participating optometrists will see the largest increase in fees of any specialty.



## Are you financially prepared for 2010 and beyond?

### A Special Note to our Members

*This is the final article in our series this year discussing insurance products that can help protect you, your family and your practice. Since the year is coming to an end, we believe it provides a good time to review all your insurance coverages and evaluate how they can help ensure your future financial security. This article helps to describe the basic insurance products members should consider as part of their financial portfolios.*

*We hope these insurance articles have been helpful and informative for you and we look forward to revisiting this series next year. In the meantime, have a Happy New Year!*

*T. Joel Byars, O.D.  
Chairman, AOA Insurance Committee*

### 10... 9... 8... 7... 6... Start your financial countdown to a New Year

It's time to say good-bye to the financial woes of 2009 and hello to the potential upswing in 2010.

But before you start the official countdown to the New Year, now may be a good time to review your insurance coverages to make sure you're financially prepared for the future.

Most financial experts recommend reviewing your insurance coverage on an annual basis to make sure you have appropriate protection for you, your family, your earning power, and your business.

Plus, factors like inflation, the current economic conditions and any recent lifestyle changes signal the need to reevaluate your coverage, too.

Questions to consider as you review your insurance include:

#### Do you have enough Life Insurance?

Recent studies show most Americans (80%) have life insurance but most don't have enough to adequately provide for their loved ones after they're gone.\*

If something happens to you, will there be enough life insurance to help your loved ones pay all their expenses and maintain their current lifestyle?

#### Are you protecting your income with Disability Insurance?

What if you become too sick or hurt and can't work? How would you pay all your bills?

Disability Insurance provides monthly income benefits should you become disabled and unable to work. It's an important part of your future financial security because it protects your earning power.

#### How good is your health insurance?

As good as most basic health insurance plans and Medicare are, most do not pay for everything. Copays, deductibles, cost-shares, policy limitations and exclusions all add up. That's why many Americans consider

supplemental medical insurance like a Cancer or Medicare Supplement insurance policy to help fill gaps in their health insurance coverage.

Additional supplemental protection to consider include: Emergency Assistance services (pays for medical assistance while away from home), Long Term Care Insurance, and insurance that helps pay for hospital or recovery care.

#### Could your business survive without Business Overhead Insurance?

If you own your practice, Business Overhead Insurance is important to your financial security to help protect against business risks.

If something happens to you, such as a disability, how would you be able to continue paying your business and other bills if you can't run your practice?

#### Have you considered Accident Insurance?

This type of insurance pays a lump sum benefit should a covered person die as a result of an accident. In addition, Accident Insurance policies generally include extra benefits for safety devices (e.g., seatbelt usage and air bag deployment) and education to further help loved ones continue their lifestyle should a loved one die from an accident.

Many Americans purchase Accident Insurance to complement their Life Insurance coverage and to make sure they have enough financial security should something happen to them.

Remember: Your insurance coverage is a valuable part of your future financial security. Without the right protection and enough of it, you and your loved ones could suffer financially.

Whether you need additional coverage or not, it's important to take time every year to review your insurance coverage to make sure you're financially prepared for the future.

\* The Facts of Life and Annuities, LIMRA, 2009.

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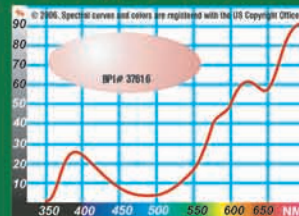


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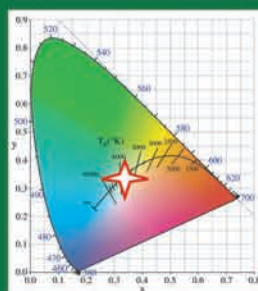
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# PS invites POY nominations

One of the AOA Paraoptometric Section's (PS) many goals is to recognize paraoptometrics for their service and dedication to the profession.

Many optometrists also seek to recognize staff for their service through pay increases, bonuses, promotions, and/or simple pats on the back. However, is that enough to recognize an outstanding paraoptometric who goes above and beyond the responsibilities of the job?

Many states offer a statewide "Paraoptometric of the Year" award, but why not go one step further and nominate a paraoptometric to be recognized nationally for his

or her extraordinary efforts?

In nominating Dianna Sweet, CPOT, as the 2009 Paraoptometric of the Year, Douglas Heinze, O.D., writes: "Dianna gives selflessly of her time, wisdom and resources. She is always helping others to improve themselves. It's impossible to express in a few words the value of a person whose commitment remains dedicated to providing the highest level of eye care for our patients."

The AOA Paraoptometric Section recognizes outstanding staff with the Paraoptometric of the Year Award, given annually to the optometric assistant or technician who has

made the most outstanding and worthwhile contributions to the profession of optometry, paraoptometry, and the general public.

"The recognition by one's peers as the Paraoptometric of the Year has been overwhelming," said Sweet, recipient of the AOA PS 2009 Paraoptometric of the Year Award. "What a thrill having my employer nominate me for this prestigious award! Being surrounded by many outstanding paraoptometrics makes being chosen for this award the highlight of my career. The memories of this honor will be with me the rest of my life."

The Awards Committee will judge the nominees' performance based on the following criteria: service to optometry and paraoptometric associations, public service, and personal endorsement.

Nominees do not have to be, but may be, winners of the state Paraoptometric of the Year Award. State winners are not automatically entered in the national contest. Nominees must be members in good standing of the AOA Paraoptometric Section.

Nominations may be submitted by a state, regional, or local paraoptometric organization, an AOA member OD, or an AOA Paraoptometric Section member.

To request the rules and criteria pertaining to this award, as well as a nomination form, e-mail [PS@aoa.org](mailto:PS@aoa.org), call 800-365-2219, ext. 4108, or fax 314-991-4101.

The Paraoptometric of the Year Award will be presented Thursday, June 17, 2010, at a luncheon during Optometry's Meeting® in Orlando, Fla. The honoree will receive a plaque, roundtrip airfare to Optometry's Meeting®, three nights' lodging reimbursement at a contract hotel, and \$500 to assist with travel expenses. The deadline for nomination submission is Feb. 1, 2010.



**2009 Paraoptometric of the Year Award recipient Dianna Sweet, CPOT, from Michigan receives her award from Richard E. Weisbarth, O.D., vice president, Global Head of Professional Development and Partnerships, CIBA Vision, award sponsor.**

## Call for posters now open

The AOA is inviting participation in the Clinical and Scientific Poster Session at the 113th Annual AOA Congress & 40th Annual AOSA Conference: Optometry's Meeting®. The program creates a national forum for clinicians, students, and faculty to communicate interesting cases and unique research to their colleagues. The poster preview session will be held Friday, June 18, 2010, and the interactive session offering continuing education credit will be Saturday, June 19, 2010, from 11 a.m. to 2 p.m. at the Gaylord Palms Convention Center.

Poster abstracts must be submitted electronically and must be received by Feb. 5, 2010. For more details and an electronic submission form, log on to [www.optometrymeeting.org](http://www.optometrymeeting.org) and click on the Call for Posters icon.

For more information, contact Stacy Diliberto at 314-983-4254 or at [sasmith@aoa.org](mailto:sasmith@aoa.org).

## Office-Based Therapy for Convergence Insufficiency

The 2008 CITT study published in the Archives of Ophthalmology clearly supports the superiority of office-based vision therapy to home-based vision therapy alone for convergence insufficiency. As noted in the AOA's Clinical Practice Guideline (CPG) on Care of the Patient with Accommodative and Vergence Dysfunction home-based vision therapy may be less effective than in-office therapy because no therapist is available to correct inappropriate procedures or to motivate the patient. The preferred clinical management therefore consists of in-office vision therapy supplemented with home therapy.

The AOA CPG on this subject presents three general phases of vision therapy:

### Phase One

Normalizing accommodative and vergence amplitudes. Most clinicians use large targets in which convergence and divergence demand is slowly changed. The patient is encouraged to exert maximum effort to increase his or her vergence amplitudes, and accommodative facility exercises are performed concurrently.

Sample procedures include loose lens accommodative rock, monocular near-far Hart Charts, Brock String, and Vectograms.

### Phase Two

Increasing the speed of response to accommodative and vergence stimuli. During this phase, it is beneficial to use targets that gradually become smaller and to use different stimuli to obtain generalization. After the amplitudes reach normal levels, the patient is encouraged to repeat the task enough times to make the response become automatic and effortless. Once monocular accommodative facility has improved, binocular accommodative facility procedures can be performed. Suppression controls may be needed with the binocular accommodative techniques. In general, the power of the binocular accommodative flippers is increased until the patient can successfully clear  $\pm 2.50$  D, and vergence ranges are increased until the patient meets performance criteria such as PFV break of  $>30^\Delta$  with recovery no less than  $15^\Delta$ , without compromising normal NFV ranges.

Sample procedures include detailed vectograms, computerized binocular stimuli, stereoscope, and aperture rule.

### Phase Three

The third phase of vision therapy uses jump or step vergence stimuli. Instead of responding to incrementally increasing stimuli, the patient is required to make large-jump accommodative and vergence movements. Accommodation and vergence are integrated through techniques that stimulate accommodation while holding vergence stable and vice versa. This final phase of vision therapy is designed to automate both accommodative and vergence reflexes, and to enhance the flexibility between accommodation and vergence. The goal of vision therapy is to re-establish automated, effortless accommodative and vergence responses under any stimulus condition. Improvement of ranges alone is not sufficient. The patient should now be able to meet the criteria for passing the Convergence Insufficiency Symptom Survey (CISS) posted at <http://www.aoa.org/CI-Therapy.xml>.

Sample procedures include loose prism jumps, eccentric circles and life savers. References: <http://aoa.org/documents/CPG-18.pdf> and <http://aoa.org/documents/QRG-18.pdf>. For more information, visit <http://www.aoa.org/CI-Therapy.xml>.

To obtain a laminated card for assessing symptoms, visit <https://aoaphotocontest.wufoo.com/forms/ci-symptom-survey-laminated-card-order/>





The American Optometric Association (AOA) would like to thank the following corporations for their 2009 support of the association. Their assistance noticeably demonstrates a concern for the well being of the optometric profession and better eye/vision care.

While there are many companies in the ophthalmic field, we hope you will take note of those that are most active in supporting the AOA and the profession of optometry.

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- Eye Disease Awareness & Management Kit
- Practice Transitions: Strategies for Making Them Happen



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# National Quality Forum endorses 4 new eye care measures

The National Quality Forum (NQF) announced its formal endorsement of four, new quality care measures designed to encourage high standards of primary care for patients in optometry and ophthalmology practices and clinics.

The newly endorsed performance measures, announced Nov. 4, address glaucoma, macular degeneration, and cataracts — bringing to five, the total of primary eye care measures now endorsed by the influential health standards-setting organization.

The NQF is a nonprofit organization established to improve the quality of health care for Americans by setting national priorities and goals for health care performance improvement, endorsing national consensus standards for measuring and publicly reporting on health care performance, and promoting the attainment of national health goals through education and outreach programs.

Over the past 10 years, Washington, D.C.-based health care improvement organization has formally endorsed some 545 health care measures as recognized marks of quality health care. However, until last month only one — eye examinations for patients with diabetes — was directly related to primary eye care.

“The development of a body of nationally recognized, quality care measures for primary eye care is significant. It indicates consensus among the nation’s leading health care experts that these are important marks of quality care,” said Mary Loshin, O.D., of the AOA Commission on Quality Assessment and Improvement (CmQAI), who took part in the review process for the new measures.

“Optometrists can take pride in providing services that have been formally recognized in a multidisciplinary forum as important elements in quality care,” Dr. Loshin said. “However, just as impor-

tant, these measures effectively serve to emphasize the importance of the primary eye care practice as a critical part of the overall health care system. General practice medical doctors and other practitioners are aware of these recognized standards of quality health care. They should be encouraged to refer appropriate patients to eye care practices to receive all of the care suggested under the nationally recognized standards.”

“In addition, the nation’s increasingly quality-conscious patients can be assured they are receiving quality care when an eye care practitioner provides services in line with the NQF standards,” Dr. Loshin continued.

“Optometrists will find the NQF measures may be useful in educating patients on the importance of prescribed regimes of care and encouraging patient compliance.”

Based on published scientific studies and accepted professional practice guidance, such as the AOA Clinical and Practice Advancement Group’s Optometric Clinical Practice Guidelines, the NQF performance measures are designed to provide evidence-based standards that can be applied to provide cost-effective, quality care and address pressing national health issues.

According to the National Eye Institute and Prevent Blindness America (2002), cataracts affect nearly 20.5 million Americans age 40 and older.

Age-related macular degeneration is anticipated to affect almost 3 million people in the United States by 2020. Glaucoma is the leading cause of blindness among African-Americans, the NQF noted in releasing the new measures.

The NQF was created in 1999 by a coalition of public- and private-sector leaders in response to the recommendation of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry, which concluded that such an organization was needed to promote patient protections and health

## New NQF eye care measures

**Primary Open-Angle Glaucoma:** Reduction of Intraocular Pressure by 15 percent or Documentation of a Plan of Care (AED-05-08) - Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15 percent from the pre-intervention level), or, if the most recent IOP was not reduced by at least 15 percent from the pre-intervention level, a plan of care was documented within 12 months.

**Cataracts:** Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures (AED-07-08) - Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.

**Cataracts:** 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery (AED-08-08) - Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.

**Age-Related Macular Degeneration (AMD):** Counseling on Antioxidant Supplement (AED-10-08) - Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the AREDS formulation for preventing progression of AMD. Definition of counseling: Documentation in the medical record should include a discussion of the risks and/or benefits of the AREDS formulation. This can be discussed with all patients with AMD, even those who do not meet the criteria for the AREDS formulation, patients who are smokers (beta-carotene can increase the risk of cancer in these patients), or other reasons why the patient would not meet criteria for AREDS formulation as outlined in the AREDS. The ophthalmologist or optometrist can explain why these supplements are not appropriate for their particular situation. Also, given some of the purported risks associated with antioxidant use, patients should be informed of risks and benefits and make their choice based on valuation of vision loss vs. other risks. As such, the measure seeks to educate about overuse as well as appropriate use.

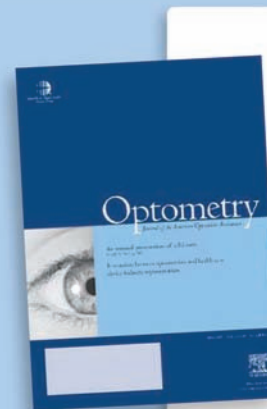
care quality through measurement and public reporting.

The forum is supported by public and private sources, notably the Robert Wood Johnson Foundation and the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health & Human Services (HHS).

In 2009, the HHS contracted with the NQF to help establish a portfolio of quality and efficiency measures that the federal government could use in determining how, or whether, health care spending is achieving the best results for patients and taxpayers.

The contract, authorized under the Medicare Improvements for Patients and Providers Act of 2008, has option for renewal each year through 2012.

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## SPOTLIGHT ON AOA MEMBERS

# Iowa practice celebrates 80 years

**T**his fall, Vision Park Family Eye Care of Urbandale and West Des Moines, Iowa, celebrated 80 years of serving patients with professional eye care.

The clinic has been under continuous local ownership since 1929, surviving the Great Depression, 10 economic recessions, and a variety of social, political, and fashion changes. Since 1929, there have been only eight optometric partners.

Vision Park Family Eye Care was founded by Dwight Hook, O.D., a pioneer in a rehabilitative optometry and vision therapy.

"He had a different type

that would later form the College of Optometrists in Vision Development (COVD) and its early curriculum.

Current partner Beth Triebel, O.D., is fellowship-trained by the COVD and remembers hundreds of vision therapy success stories during the course of her 18 years in practice.

"My fondest memory is the many conversations I've had with grateful parents following the successful completion of their child's vision therapy," said Dr. Triebel. "Their children are now choosing to read books on their own and looking forward to school instead of

avoiding both."

Vision Park Family Eye Care has moved its primary location five times in 80 years, and each time the patients moved with it.

"My fondest memory of working at Vision Park is personal relationships with the patients," said Bill Boelter,

O.D., a partner at Vision Park from 1965 to 2008. "All of the people—first, second, third, and some fourth-generation. Working at Vision Park was a privilege."

Over the years, the practice evolved to a group of optometric partners with unique and diverse education and skills that complement each other to better serve the eye care needs of the community. Expertise areas include vision therapy, low vision,

*Over the years, the practice evolved to a group of optometric partners with unique and diverse education and skills that complement each other to better serve the eye care needs of the community.*

of service coming into the community than many of the refractionists had at that time," said Dan Hinson, O.D., a partner at Vision Park from 1957 to 1998. "This was a big part of how he survived those horrible years and a World War."

Vision Park Family Eye Care has had vision therapy in its heritage since 1929.

The tradition continued in the mid 1970s with Dr. Hinson helping to set criteria



**Vision Park's optometrist partners, from left, Melissa Billings, O.D., Beth Triebel, O.D., and Wendy Muller, O.D., celebrate the practice's 80th anniversary.** Photo courtesy of the Des Moines Register

contact lenses, and ocular disease.

Three years ago, all of the doctors began giving a free one-time eye assessment by appointment to infants ages 6 to 12 months as volunteer optometrists with the InfantSEE® program.

Vision Park Family Eye Care continues to progress toward the future with new technologies to better diagnose eye disease.

"The greatest advancement I have seen during my years of practice have to be the corneal pachymeter and the OCT retinal scan, which now makes me more efficient when following glaucoma patients," said Melissa Billings, O.D.

Vision Park continues its strong commitment to professional eye care for the entire family using cutting edge technology in a caring envi-

ronment.

"In the future, Vision Park will continue to use the latest technology in medical diagnostic equipment and only top-quality lenses when manufacturing glasses," said Wendy Muller, O.D. "We plan to almost double our space at the Urbandale location to better serve the community. Patient care and satisfaction is and always will be our top priority."

## Johnson honors grandson Fitzgerald

Pioneering Chicago developmental vision practitioner Robert Johnson, O.D., presents the 2009 AOA Sports Vision Section (AOA-SVS) Eagle Award to his grandson and best-known patient, Arizona Cardinals star wide receiver Larry Fitzgerald.

Named the Most Valuable Player at the National Football League's 2008 Pro Bowl, Fitzgerald credits developmental vision training that he received from his grandfather as a youth as a significant factor in his gridiron success (see AOA News, Feb. 23).

In recognition of his subsequent advocacy of sports vision training, the AOA-SVS named Fitzgerald its 2009 Eagle Award winner during the 39th Annual Meeting of the College of Optometrists in Vision Development in October. On hand at the COVD meeting to accept the award for



Fitzgerald was another of Dr. Johnson's grandchildren, National Optometric Association Vice President Stephanie Johnson-Brown, O.D., the executive director of the not-for-profit Plano Vision Center that was co-founded by her grandfather in 1959 to provide developmental vision care to underprivileged children and adults.

### Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association.

Got a story to share?

Drop a line to [TLOverton@aoa.org](mailto:TLOverton@aoa.org).





Abbott Medical Optics  
Alcon  
Allergan  
Bausch & Lomb  
CIBA Vision Corporation  
CooperVision  
Essilor of America  
Eyemaginations  
HOYA Vision Care  
Johnson & Johnson  
Vision Care, Inc  
Kemin Health  
Luxottica Group  
Marchon Eyewear  
Optos  
Shamir  
TLC Vision Corporation  
Transitions Optical  
VSP Vision Care  
VisionWeb

**Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.**

## Industry Profile: VSP Global

VSP Global is composed of a complementary group of leading companies, all working together to meet and exceed the needs of eye care professionals, employers, and our 55 million members. Our companies include:

**VSP® Vision Care** is the largest not-for-profit vision benefits and services company in the United States. We give our doctors the support they need so they can focus on what's important to them—their patients.

*Did you know?* The VSP Eye Health Management Program® focuses on the treatment and management of both eye and related health conditions through our network of private-practice doctors. During a WellVision Exam®, a VSP doctor can catch early warning signs of serious health conditions before complications, which helps the patient get care sooner.

**Marchon®** is an industry-leading manufacturer, designer, and distributor of quality fashion and technologically advanced sunwear and eyewear. Marchon offers internationally recognized licensed brands, such as Calvin Klein, cK Calvin Klein, Coach, Disney, Emilio Pucci, FENDI, Jil Sander, Karl Lagerfeld, Michael Kors, Nautica, Nike, Sean Jean, and X Games.

*Did you know?* Marchon is a recognized innovator, which developed an entirely new frame-material category with Flexon®—the first memory metal eyeglass frame.

**Altair®**, a division of Marchon, supports professionals in the optical industry. We have advanced eyewear technologies, dispensary resources, and distinctive brands in more than 10,000 offices. Altair offers an assortment of house collections and designer frames, as well as designer brands including: Joseph Abboud™, JOE™ by Joseph Abboud, Sigrid Olsen, Tommy Bahama®, and Revlon®.

*Did you know?* Jobson's annual ViewPoint Frames Survey ranks the top 37 frame companies in the optical industry. In several categories, Altair is ranked No. 1 or in the top five.

**Eye Designs** is the industry leader in custom ophthalmic environments and optical display systems. With more than 35 product lines available, the Eye Designs team brings experience and professional service to each optical project. Services include space planning, interior design, fabrication, delivery, and installation.

*Did you know?* Optical remodels or renovations can positively impact frame sales and profitability. On average, practices can expect to see a 20 to 30 percent increase in profits.

**Eyefinity®/OfficeMate®** serves more than 26,000 eye care professionals, offering innovative business solutions that streamline and improve everyday processes for busy practices. Eyefinity/OfficeMate online solutions offer the most widely used practice management and electronic medical records software in the industry.

*Did you know?* In November 2008, Eyefinity/OfficeMate acquired Monkey Software, best known for its premier software product, Optomate®.

**VSP Labs** wholly owned network, including VSP Labs-Sacramento, VSP Labs-Columbus, Legends 4.0 Optical Laboratory®, and Ultra Lens Optical Laboratory™, delivers the highest-quality products and exceptional support to help eye care professionals build a thriving practice.

*Did you know?* VSP Labs provides educational opportunities and industry expertise. Our trainers provide American Board of Opticianry-accredited seminars and in-office training to help independent practices stay competitive.

*With the strength and experience of its companies, VSP Global stands apart and delivers benefits, services, products, and solutions that are unparalleled in the worldwide optical industry. We share your vision.*

## Less-frequent replacement CLs may lead to over wear

Contact lenses prescribed for longer replacement intervals can lead to more extreme over wear (stretching) that could lead to undesirable clinical effects, new research shows.

More than half of frequent replacement contact lens wearers surveyed say they are not compliant with their prescribed replacement schedule, whether wearing a two-week or monthly lens. The findings were presented at the American Academy of Optometry meeting.

A random sample of 645 frequent replacement contact lens wearers answered questions relating to lens replacement frequency, using an online, sponsor-masked survey.

The respondents represented wearers of hydrogel and silicone hydrogel lenses available in the United States that are prescribed for two-week or monthly replacement.

About four in 10 (43 percent) wearers of lenses prescribed by their eye doctor for two-week replacement reported that they replaced their lenses as prescribed.

Sixty-five percent replaced them at three weeks; 85 percent within four weeks; 4 percent at eight weeks or more; and 2 percent at 10 weeks or more.

Only about one-third (36 percent) of wearers of lenses prescribed for monthly replacement reported that they replaced their lenses as prescribed.

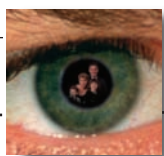
More than half (55 percent) replaced them at five weeks; 23 percent at eight weeks or more; and 14 percent at 10 weeks or more.

"The most surprising finding from this research is the percentage of patients who admitted to stretching lens replacement to eight weeks or more," said study author Sheila Hickson-Curran, MCOptom, director of Medical Affairs, Vistakon®, Division of Johnson & Johnson Vision Care, Inc. "Monthly lens wearers were about three times as likely as two-week wearers to go up to eight weeks before changing their lenses. Contact lens prescribers need to continually reinforce the importance of replacement compliance and educate patients about how over wear can impact lens comfort, vision performance, and ocular health."



**Glamour and fashion are the defining characteristics of the Versace sunglasses for Spring/Summer 2010. The renowned Versace Greek fret motif and the Medusa logo are reinterpreted in avant-garde silhouettes and opulent materials. Shown is style VE4177H with its celebrated classic Greek key motif. Its highlighted fret on the arms contrasts against the background of a strong acetate frame.**





## Notal Vision sells Foresee PHP business to Reichert

**N**otal Vision announced the sale of its Foresee preferential hyperacuity perimeter (PHP) business to Reichert Ophthalmic Instruments. The move allows Notal Vision to fully invest its time and resources in the home-based PHP, which is expected to launch in 2010. Sightpath Medical will distribute the home-based PHP.

Reichert will assume responsibility as the warranty and service provider for all new Foresee PHP customers immediately and will begin servicing pre-existing accounts effective Nov. 16, 2009.

"Sightpath Medical and Reichert are working together to ensure a smooth transition for our Foresee PHP customers," said Jim Tiffany, president and chief operating officer of TLCVision Corporation and its Sightpath Medical subsidiary. "Both Sightpath Medical and Reichert are confident in and committed to PHP technology, and we at Sightpath Medical are focused on bringing that technology into patients' homes."

Notal Vision invented the PHP technology in 2001 based on the well-studied visual phenomenon of hyperacuity, to assist in monitoring patients for the conversion from dry to wet age-related macular degeneration (AMD).

This technology is the basis of both the clinic-based PHP and the home-based PHP, which will help AMD patients monitor their condition daily in the comfort of their own homes.

"We are pleased with this decision and are confident Reichert will continue the same level of service that our eye care customers have been accustomed to receiving from Sightpath Medical," said Barak Azmon, M.D.,

chief executive officer of Notal Vision. "We are excited about our upcoming home-based PHP and we look forward to working with Sightpath Medical to deliver this device to our

patients in need."

For additional information about the home-based PHP, visit [www.notalvision.com](http://www.notalvision.com), call Sightpath Medical at 800-728-9615 or e-mail [info@sightpathmedical.com](mailto:info@sightpathmedical.com).



**Taylor Lautner, who plays Jacob Black in the new movie "The Twilight Saga: New Moon," is shown wearing Carrera Jocker sunglasses.**

## Transitions expands dispensing guide

Transitions Optical, Inc. has expanded its availability chart into a new guide – "Your Guide to Dispensing Success!" – providing dispensing tips for Transitions® lenses and Transitions® SolFX™ sun lenses along with updated availability charts for both families of products.

The guide contains basic information about how the products work and who can benefit from them, giving eye care professionals clear language that can be used to communicate more effectively with patients.

It also provides information about adding an anti-reflective (AR) treatment to enhance the benefits of Transitions lenses, how to help patients understand their insurance and flex spending plans and how to reinforce the value of the patient's purchase with the Transitions Certificate of Authenticity.

Copies of "Your Guide to Dispensing Success!" can be ordered through Transitions Optical Customer Service at (800) 848-1506.

## Industry Profile: VisionWeb

VisionWeb is the leading provider of software and technology services to streamline and simplify the eye care industry.

Utilizing the power of the Internet, VisionWeb has created easy-to-use electronic solutions for insurance transaction processing and ophthalmic product ordering.

These solutions help eye care practices drive out inefficiency, increase customer satisfaction, and improve their bottom line.

VisionWeb's insurance transaction processing services provide eye care providers with a comprehensive solution for managing the insurance side of their business.

Using these services, eye care practices can submit and track insurance claims, verify patient eligibility, and retrieve electronic remittance information – all online, and in a fraction of the time it takes to perform these functions manually.

This service is also compatible with several practice management systems, allowing users to upload claim files created in their system and send them directly to their payers, without having to enter duplicate information.

Electronic claim filing through VisionWeb is convenient, improves claim acceptance rates, and helps to shorten reimbursement times, ultimately giving eye care providers better control of this vital part of their business.

VisionWeb's online ordering service makes it easier than ever before for eye care providers to manage ophthalmic product ordering.

As an open and neutral company, VisionWeb has connections with hundreds of suppliers of spectacle lenses, contact lenses, and frames.

This broad connectivity allows practices that use VisionWeb to experience the benefits of online ordering while maintaining relationships with the suppliers they know and trust.

VisionWeb's ordering service is also equipped with useful features like trace file uploading, which helps ensure accurate order processing, and online order tracking, which gives practices access to real-time information without having to call their labs.

For added convenience, VisionWeb's online ordering service is integrated with industry-leading practice management systems, allowing users to order electronically to their suppliers without having to access the VisionWeb site or re-key order information.

Recognizing the benefits of VisionWeb's services, the AOA partnered with VisionWeb to help bring these benefits to the practice through VisionWeb's AOA Royalty Program.

This program allows eye care providers to contribute non-dues revenue to their state affiliates, just for ordering on VisionWeb.

VisionWeb pays a royalty to participating AOA affiliates each time its members place an order through VisionWeb.

This year, VisionWeb paid \$45,194 in royalty payments to participating state affiliates.

VisionWeb is proud to support the AOA and is dedicated to providing services that help independent eye care providers succeed.

Visit [www.visionweb.com](http://www.visionweb.com) to learn more.





## MEETINGS

### December

OPTOMETRIC EXTENSION PROGRAM  
VT/VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)  
December 2-6, 2009  
Phoenix, Arizona  
Theresa Krejci  
800/447-0370  
TheresaKrejciOEP@verizon.net

RHODE ISLAND OPTOMETRIC ASSOCIATION  
HOLIDAY RECEPTION & CONTINUING EDUCATION DINNER  
December 2, 2009  
Vesuvio Restaurant, Cranston, Rhode Island  
FAX: 401/223-6400

ARIZONA OPTOMETRIC ASSOCIATION  
ARIZONA OPTOMETRIC ASSOCIATION'S 2009 WINTER CONGRESS  
December 4 - December 6, 2009  
Hilton Sedona Resort & Spa  
Kate Diedrickson  
kate@azoa.org  
www.azoa.org

MAINE OPTOMETRIC ASSOCIATION  
DECEMBER "ANNUAL" CONFERENCE  
December 4-6, 2009  
Holiday Inn by the Bay, Portland, Maine  
Joann Gagne  
207/626-9920  
www.MaineEyeDoctors.com

CLINICAL TRIALS EDUCATION SERIES: PRINCIPLES AND CONCEPTS IN CLINICAL TRIALS FOR EYE RESEARCHERS  
Association for Research in Vision and Ophthalmology  
December 17-19, 2009  
Baltimore, Maryland  
Jot Grammer  
jgrammer@arvo.org  
www.arvo.org/ctes

### January

THE ULTIMATE PRACTICE MANAGEMENT CONFERENCE VI: "TAKING CARE OF BUSINESS"  
Ultimate Events, LLC  
January 8-10, 2010  
Hollywood Beach Marriott, Hollywood, Florida  
Don Teig, O.D., F.A.A.O.  
203/438-5855  
203/312-3123  
Doc7ct@snet.net  
www.ultimateeventslc.com

ANNUAL EDUCATIONAL CONFERENCE  
EYE CARE ASSOCIATES  
January 9-10, 2010  
Williamsburg, Virginia  
Linda Cavazos  
804/356-5165  
FAX: 804/745-1773  
eca\_linda@hotmail.com

21ST ANNUAL BERKELEY PRACTICUM  
University of California, Berkeley  
January 9-11, 2010  
DoubleTree Hotel, Berkeley Marina, Berkeley, California  
Nyla Marnay  
510/642-6547 or 800/827-2163  
FAX: 510/642-0279  
OptoCE@berkeley.edu

ARIZONA OPTOMETRIC ASSOCIATION  
36TH ANNUAL BRONSTEIN CONTACT LENS & CORNEA SEMINAR  
January 15-17, 2010  
Doubletree Paradise Valley Resort, Scottsdale, Arizona  
Kate Diedrickson  
602/279-0055  
kate@azoa.org  
www.azoa.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION AND THE INSTITUTE FOR BEHAVIORAL OPTOMETRY (IBO)  
55TH ANNUAL KRASKIN INVITATIONAL SKEFFINGTON SYMPOSIUM ON VISION (KISS)  
January 16 - 18, 2010  
Hyatt Regency Bethesda, Bethesda, Maryland  
Jeffrey L. Kraskin, O.D.  
202/363-4450  
jkraskin@rcn.com  
www.SkeffingtonSymposium.org

CONNECTICUT ASSOCIATION OF OPTOMETRISTS  
OPTOMETRY 2010 SERIES/ANNUAL BUSINESS & MEMBERSHIP MEETING  
January 20, 2010  
Rocky Hill Marriott  
Lynn Sedlak  
860/529-1900  
FAX: 860/529-1944  
info@cteyes.org  
www.cteyes.org

MOA WINTER SEMINAR  
Michigan Optometric Association  
January 20-21, 2010  
Lansing Center, Lansing, Michigan  
Pam Steffy  
517/482-0616  
FAX: 517/482-1611  
pam@themoa.org  
www.themoa.org

1 DAY CE SEMINAR  
Virginia Optometric Association  
January 31, 2010  
Doubletree Hotel, Charlottesville, Virginia  
Bruce B. Keeney, Sr.  
804/643-0309  
voaeyedocs@aol.com

### February

WINTER THAW  
Delaware Optometric Association  
February 6, 2010  
Embassy Suites, Newark, DE  
Yvonne Kneisley, O.D.  
45 East Main Street, Ste. 201  
Newark, DE 19711  
302/224-3000  
FAX: 302/224-1524  
yvonnekneisley@verizon.net

SECO INTERNATIONAL  
SECO International 2010  
February 10-14, 2010  
Georgia World Congress Center, Atlanta, GA  
Bonnie Frapp  
770/451-8206, ext. 13  
www.seco2010.com

HEART OF AMERICA CONTACT LENS SOCIETY  
49th Annual Heart of America Contact Lens Society Contact Lens and Primary Care Congress  
February 12-14, 2010  
Dr. Steve Smith  
918/341-8211  
registration@hoacsls.org  
www.hoacsls.org

HOYA VISION & CLEINMAN PERFORMANCE PARTNERS BUSINESS OF EYECARE FORUM  
February 13, 2010  
Double Tree Hotel, Wilmington, Delaware  
Rebecca Fogarty  
607/431-1001, ext. 112  
rfogarty@cleinman.com  
www.cleinman.com

AEA CRUISES  
OPTOMETRIC CRUISE SEMINAR  
February 13-20, 2010  
Western Caribbean, aboard the Crown Princess  
888/638-6009  
aeacruises@aol.com  
www.optometriccruiseseminars.com

110TH ANNUAL CONVENTION  
TEXAS OPTOMETRIC ASSOCIATION  
February 18-21, 2010  
Renaissance Hotel Austin, TX  
Brigitte Kelly  
512/707-2020  
FAX: 512/326-8504  
TOAbrigitt@austin.rr.com  
www.texas.aoa.org

5TH INTERNATIONAL CONFERENCE ON OCULAR INFECTIONS  
February 18-21, 2010  
Breakers Hotel, Palm Beach, Florida  
www.ocularinfections.com

AEA CRUISES  
OPTOMETRIC CRUISE SEMINAR  
February 18-28, 2010  
Panama Canal Adventurer, aboard the Island Princess  
888/638-6009  
aeacruises@aol.com  
www.optometriccruiseseminars.com

AEA CRUISES  
OPTOMETRIC CRUISE SEMINAR  
February 18-March 2, 2010  
South America, aboard the Star Princess  
888/638-6009  
aeacruises@aol.com  
www.optometriccruiseseminars.com

MONTANA OPTOMETRIC ASSOCIATION  
2010 MOA BIG SKY SKI CONFERENCE  
February 25-27, 2010  
Big Sky Resort, Big Sky, Montana  
Sue Weingartner  
406/443-1160  
FAX: 406/443-4614  
sweingartner@rmsmanagement.com  
www.mteyes.com

MAINE OPTOMETRIC ASSOCIATION  
FEBRUARY "CE & SKI" CONFERENCE  
February 26-27, 2010  
Grand Summit Hotel-Sugarloaf, USA, Carrabassett Valley, Maine  
Joann Gagne  
207/626-9920  
www.MaineEyeDoctors.com

2010 WINTER CE EVENT  
Oregon Optometric Physicians Association  
February 26-28, 2010  
Inn at Seventh Mountain, Bend, OR  
Wayne Schumacher  
www.oregonoptometry.org

PALM BEACH COUNTY OPTOMETRIC ASSOCIATION  
26TH ANNUAL PALM BEACH WINTER SEMINAR  
February 26-28, 2010  
West Palm Beach Marriott, West Palm Beach, Florida  
Tamar Maule, O.D.  
561/477-3524  
pbwinterseminar@gmail.com  
www.pbcoa.org

24TH ANNUAL EYE SKI CONFERENCE  
February 28-March 5, 2010  
Park City, Utah  
www.eyeskiutah.com

AEA CRUISES  
OPTOMETRIC CRUISE SEMINAR  
February 28-March 7, 2010  
Southern Caribbean Explorer, aboard the Caribbean Princess  
888/638-6009  
aeacruises@aol.com  
www.optometriccruiseseminars.com

### March

21ST ANNUAL OCULAR THERAPEUTICS IN CANCUN  
March 3-7, 2010  
Fiesta Americana Condesa Resort, Cancun, Mexico  
856/429-7415  
info@otce.net  
www.otce.net



AEA CRUISES  
OPTOMETRIC CRUISE SEMINAR  
March 13-20, 2010  
Eastern Caribbean, aboard the Holland America ms Eurodam  
888/638-6009  
aeacruises@aol.com  
www.optometriccruiseseminars.com

THE OHIO STATE UNIVERSITY COLLEGE OF OPTOMETRY  
BINOCULAR VISION & PEDIATRICS FORUM AND THE CHILDREN'S LEARNING FORUM  
March 18-19, 2010  
The Ohio State University College of Optometry, Columbus, Ohio  
614/688-3336  
Kulp.6@osu.edu  
www.optometry.osu.edu

INTERNATIONAL VISION EXPO EAST  
March 18-21  
New York  
www.VisionExpoEast.com

NEBRASKA OPTOMETRIC ASSOCIATION  
NOA SPRING MEETING  
March 26-28, 2010  
Omaha, Nebraska  
402/474-7716  
noa@assocoffice.net  
www.nebraska.aoa.org

OPTOMETRY ASSOCIATION OF LOUISIANA  
SPRING ELECTRONIC MEDICAL RECORDS CONFERENCE  
March 27, 2010  
Embassy Suites, Baton Rouge, LA  
Dr. Jim Sandefur  
318-335-0675  
optla@bellsouth.net

### April

OPTOMETRIC EXTENSION PROGRAM FOUNDATION, INC. AND NEURO-OPTOMETRIC REHABILITATION ASSOCIATION  
6th International Congress of Behavioral Optometry (ICBO)  
In Conjunction with the Neuro-Optometric Rehabilitation Association (NORA)  
19th Annual International Multi-Disciplinary Conference  
April 6-11, 2010  
Western University of Health Sciences College of Optometry  
Pomona, CA  
949/250-8070

**To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org. Please allow several months' lead time.**



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## SHOWCASE

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- **Pediatric Optometry**

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Lake City VAMC	Tallahassee VAMC
Orlando VAMC	Daytona Beach VA Clinic
- **Ocular Disease**

Bascom Palmer Eye Institute	Braverman Eye Center
Aran Eye Associates	Clayton Eye Center

For further information or questions regarding the application procedures, please contact:

**Lori Vollmer, O.D., F.A.A.O.**  
Director of Residency Programs  
Nova Southeastern University  
HPD College of Optometry  
3200 S. University Drive  
Ft. Lauderdale, FL 33328  
lvollmer@nova.edu  
954-262-1452

<http://optometry.nova.edu/residency/index.html>

26th Annual

### Palm Beach Winter Seminar



February 26-28, 2010  
West Palm Beach Marriott  
West Palm Beach, FL



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Jerome Sherman, O.D., F.A.A.O.

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- \* 2 hrs Medical Errors

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- Postmarked by January 23, 2010
- \* AOA members \$320
- \* Non-members \$475
- Postmarked after January 24, 2010
- \* AOA members \$395
- \* Non-members \$550



Don't forget the  
Friday afternoon  
Golf Tournament!

For more information go to:  
[www.pbcoa.org](http://www.pbcoa.org) (click on 2010 PBWS)

Or contact Tamara Maule, O.D.

Office: (561) 477-3524

Email: [pbwinterseminar@gmail.com](mailto:pbwinterseminar@gmail.com)



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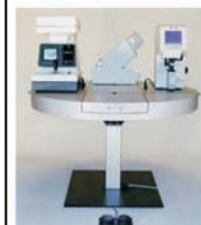
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[Sales@optinomics.com](mailto:Sales@optinomics.com)





## SHOWCASE

**State University of New York, State College of Optometry**  
**AFFILIATED RESIDENCY PROGRAMS**  
**\*\*ANNOUNCEMENT FOR 2010-2011\*\***

**12 Month Residencies are available in:**

**Cornea and Contact Lenses**  
 SUNY State College of Optometry, NYC  
 Program Supervisor: Dr. David Libassi  
 (212) 938-5872, dlibassi@sunyopt.edu

**Family Practice/Ocular Disease Optometry**  
 East New York Diagnostic and Treatment Center, Brooklyn, NY  
 Program Supervisor: Dr. Mark Sherstinsky  
 (718) 240-0445, msherstinsky@sunyopt.edu

**Family Practice Optometry**  
 United States Military Academy at West Point, NY (Army HPSP graduates only)  
 Program Supervisor: Dr. Eric Spotts  
 (845) 938-2021/2206, eric.spotts@us.army.mil  
**Does not participate in ORMS**

**Low Vision Rehabilitation**  
 SUNY State College of Optometry/  
 The Lighthouse International, NYC  
 Program Supervisor: Dr. Alla Zlotina  
 (212) 938-4023, a.zlotina@sunyopt.edu

**Ocular Disease Optometry**  
 SUNY State College of Optometry, NYC  
 Program Supervisor: Dr. Sherry Bass  
 (212) 938-5865, sbass@sunyopt.edu

**Ocular Disease/Primary Eye Care Optometry**  
 Dept. of V.A., NY Harbor Health Care System  
 Program Supervisor: Dr. Evan Canellos  
 (718) 836-6600 ext. 6497  
 evan.canellos@va.gov

**Pediatric Optometry**  
 SUNY State College of Optometry, NYC  
 Program Supervisor: Dr. Marilyn Vricella  
 (212) 938-4143, mvricella@sunyopt.edu

**Primary Eye Care Optometry**  
 SUNY State College of Optometry, NYC  
 Program Supervisor: Dr. Susan Schuettenberg  
 (212) 938-4161, sschuettenberg@sunyopt.edu

**Primary Eye Care Optometry**  
 Dept. of Veterans Affairs, New Jersey Health Care System  
 Program Supervisor: Dr. Malinda Cafiero  
 (973) 676-1000 ext. 3917  
 malinda.cafiero@va.gov

**Ocular Disease/Primary Eye Care Optometry**  
 V.A. Hudson Valley Health Care System, NY  
 Program Supervisor: Dr. Nancy Wong  
 (914) 737-4400 x 2014  
 nancy.wong@va.gov

**Primary Eye Care/Vision Therapy and Low Vision Rehabilitation**  
 V.A. Medical Center, Northport, NY  
 Program Supervisor: Dr. Michael McGovern  
 (631) 261-4400 x2137  
 michael.mcgovern@va.gov

**Vision Rehabilitation (Acquired Brain Injury)/Primary Eye Care Optometry**  
 SUNY State College of Optometry, NYC  
 Program Supervisor: Dr. Neera Kapoor  
 (212) 938-5890, nkapoor@sunyopt.edu

**Dr. Irwin B. Suchoff Residency Program in Vision Therapy and Rehabilitation**  
 SUNY State College of Optometry, NYC  
 Program Supervisor: Dr. M. H. Esther Han  
 (212) 938-5879, mhan@sunyopt.edu

**The Deadline for Applications for All Programs is February 1st.**  
 SUNY Affiliated Programs use the Optometric Residency Matching Service (ORMS), except where noted.  
 The website for application instructions is [www.orms.org](http://www.orms.org)  
 For Residency Program Descriptions please contact  
 Program Supervisors or Dr. Diane T. Adamczyk,  
 Director of Residency Education  
 SUNY State College of Optometry,  
 33 West 42nd Street, NY, NY 10036  
 Toll Free Phone: (877) 829-1024  
 E-mail: [dadamczyk@sunyopt.edu](mailto:dadamczyk@sunyopt.edu)  
 Visit our Website at  
[www.sunyopt.edu/academics/residency.shtml](http://www.sunyopt.edu/academics/residency.shtml)  
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6. Registration - prior to DEC.1 - \$490.00  
 prior to JAN. 31 - \$520.00  
 after JAN. 31 - \$545.00

**INFORMATION OPTIONS:**

WEB SITE: [WWW.EYESKIUTAH.COM](http://WWW.EYESKIUTAH.COM)  
 E-MAIL: [tandbkime@buckeye-express.com](mailto:tandbkime@buckeye-express.com)  
 WRITE: EYE SKI 4021 Sylvania Ave. Toledo, Ohio 43623

*Broward County Optometric Association*

## GOLD COAST EDUCATIONAL RETREAT


**Saturday/Sunday, January 16-17, 2010**  
**Hyatt Regency/Pier 66, Ft. Lauderdale**

18 hours CE, all COPE approved or approval pending, including:  
*Florida jurisprudence, Medical Errors, AIDS, 10 hours Florida TQ and more*

**Featured Speakers include:**  
 Tammy Than, OD, FFAO – *oral meds and anterior and posterior clinical challenges*  
 Joseph Sowka, OD, FFAO, Diplomate – *grand rounds: internal medicine optometry*  
 Mark Dunbar, OD, FFAO – *posterior segment*  
 Steven Newman, OD, CNS – *vascular disease and the eye*  
 Alan Glazier, OD, FFAO – *using technology to market your practice*  
 Albert Aran, MD – *corneal dystrophies and ectasias*

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 or call Steve or Lynne at 800-808-5018

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 December 10 - 13 2009  
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**Speakers will include:**  
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## ARAN EYE ASSOCIATES

### Residency position in Ocular Disease

We are now accepting applications for 2010-2011 academic year. Our 13-month program is fully accredited by the ACOE and affiliated with Nova Southeastern University College of Optometry.

**Aran Eye Associates** is a multi-subspecialty tertiary-care referral center with five locations throughout southeast Florida. We specialize in diagnosis and management of ocular disease. The resident will work with specialists in the areas of cornea/cataract, glaucoma, retina, oculoplastics, and refractive surgery. LASIK consultations, surgery, and post-ops are performed at The Laser Center of Coral Gables. Other activities will include participation in local didactic education and supervision of optometry externs.

For further information, please contact **Dr. Emilio Balias** at [ebalias@araneye.com](mailto:ebalias@araneye.com)  
[www.araneye.com](http://www.araneye.com) • [www.tlccoralgables.com](http://www.tlccoralgables.com)





## SHOWCASE



**Tuba City Regional Health Care Corporation**  
P.O. Box 600  
Tuba City, AZ 86045

Tuba City Regional Health Care Corporation (TCRHCC) is seeking an **optometrist** to work in a stimulating, interdisciplinary, hospital environment providing primary optometric eye care with a large degree of ocular disease and trauma. Optometrists at TCRHCC are fully-credentialed, independent practitioners of the medical staff. The current department staff includes four optometrists and one ophthalmologist.

Located 60 miles north of Flagstaff, Arizona, TCRHCC Hospital is a 75 bed referral center within the Navajo Reservation. TCRHCC provides health care to Native Americans. The vast majority of patients are either of the Navajo or Hopi tribes.

Attractions within a day's drive of Tuba City include Grand Canyon, Bryce and Zion National Parks, the San Francisco Peaks, Lake Powell, Monument Valley, Sedona, Phoenix, Telluride, CO and Las Vegas, NV. Popular recreational activities include biking, camping, hunting, fishing, rafting, downhill and cross-country skiing.

### Requirements

- Doctor of Optometry from an accredited optometry program
- Proficient in the diagnosis and mgnt. of ocular disease
- Completion of an accredited residency or 5 years experience
- Priority given to residency trained optometrists

### Contact

**Larry E. Richardson, O.D., F.A.A.O.**  
Chief of Eye Care Services  
Tuba City Regional Health Care Corporation  
(928) 283-2749  
Larry.Richardson@tchealth.org

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WEBSITE: [www.mteyes.com](http://www.mteyes.com)  
E-MAIL: [sweingartner@rmsmanagement.com](mailto:sweingartner@rmsmanagement.com)



### SKIVISION 2010

c/o UAB School of Optometry  
Office of Continuing Education HPB 124 E  
1530 3rd AVE S, BIRMINGHAM, AL 35294-0010  
Contact, Susan Conville; [sec@uab.edu](mailto:sec@uab.edu); 205 934-5701  
FAX: 205 934-6758; ATTN: Susan Conville, RE: SkiVision 2010

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### Silvertree Properties

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February 13-17, 2010

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Terracehouse—2BR Condo: \$579/night  
Woodbridge—2BR Condo: \$479/night

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Kathy Dumbleton, MSc  
Murray Fingeret, OD  
Robert Fechtner, MD  
John Flanagan, MCOptom, PhD  
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Michael Gross, MD  
Paul Karpecki, OD  
Steve Newman, OD  
Jack Schaeffer, OD  
Leo Semes, OD



## AEA Optometric Cruise Seminars 2010

**Western Caribbean**, 2/13-2/20/10, *Crown Princess*®. Ft. Lauderdale, Grand Cayman, Roatan, Cozumel, Princess Cays, Ft. Lauderdale. ~**President's Day** ~ **From \$919pp** ~ **Valentine's Day** ~ Speaker: Bill Townsend, O.D.

**South America**, 2/18-3/2/2010, *Star Princess*®. Buenos Aires, Montevideo, Falkland Islands, Cape Horn, Ushuaia, Punta Arenas, Puerto Montt, Santiago (Valparaíso). **From \$1495pp**. Speaker: Louise Sclafani, O.D.

**Southern Caribbean Explorer**, 2/28-3/7/10, *Caribbean Princess*®. San Juan, Aruba, Bonaire, Dominica, St. Thomas, San Juan. **From \$769pp**. Speakers: Kelly Nichols, O.D. & Jason Nichols, O.D.

**Lisbon to Rome**, 3/11-3/20/10, 9 days, *Silversea Silver Wind*®. Lisbon, Portimao, Cadiz, Malaga, Barcelona, Marseille, Monte Carlo, Livorno, Rome. **Includes all alcoholic beverages, No tipping. ALL cabins are SUITES.** Only 296 passengers (max), w/ 216 crew. **Personal attention and service. Unique Options. Spacious. True gourmet food, when you want, with whom you want, where you want. "Surefire luxury," "CruiseCritic.com Super Value, @ 60% off regular fares! SUITES from \$3438pp, currently including FREE AIR/air credit from 22 gateways!**

**Eastern Caribbean**, 3/13-3/20/10, *Holland America's ms Eurodam*® with its new innovative dining and spa options. Ft. Lauderdale, Grand Turk & Caicos, San Juan, St. Thomas, Half Moon Cay, Ft. Lauderdale. **From \$699pp.** ~ **Spring Break** ~ Speaker: Marc Bloomenstein, O.D.

**Scandinavia & Russia**, 7/1-7/11/10, *Star Princess*®. Copenhagen, Stockholm, Helsinki, 2 day St Petersburg experience, Tallinn, Gdansk, Oslo, Copenhagen. **From \$1490pp.** ~ **4th of July** ~ Speaker: Leo Semes, O.D.

**Alaska (Inside Passage)**, 7/17-7/24/10, *Golden Princess*®. Seattle, Juneau, Skagway, Tracy Arm, Ketchikan, Victoria, Seattle. **From \$949pp.** ~ **Ohio State University Alumni Cruise**~ (all are welcome). Speaker: Barbara Fink, OD.

**Europe's Heartland River Cruise**, 7/26-8/2/10, *AMA Waterways ms Amacello*®. Trier, Bernkastel, Zell, Cochem, Koblenz, Rhine Valley, Rudesheim, Mainz, Miltenberg, Wertheim, Wurzburg, Bamberg, Nuremberg. **Optional 3-night pre-cruise stay in Paris and/or a 2-night post cruise stay in Prague.** Cruise fare **INCLUDES wines w/ dinner and shore excursions!** **From \$2399pp** (cruise only). Speaker: Robert Wooldridge, O.D.

**Greek Isles**, 9/8-9/15/10, *Ocean Princess*®. Athens (Piraeus), Mykonos, Kusadasi (Ephesus), Santorini, Cephalonia (Argostoli), Itea (Delphi), Rome (Civitavecchia). **From \$1219pp**. Speaker: Paul Karpecki, O.D.

**Canada/New England**, 9/16-9/29/10, *Holland America ms Eurodam*®. Quebec City, Saguenay, Saguenay Fjord, Charlottetown, Sydney, Halifax, Bar Harbor, Gloucester, Newport, New York. **From \$1499pp**

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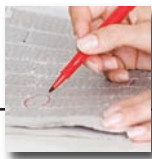
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## SHOWCASE

### Optometrist

The Section of Ophthalmology at Dartmouth-Hitchcock Medical Center is seeking a comprehensive Optometrist to join a dynamic and dedicated team of ophthalmologists and optometrists in a state-of-the-art, multi-disciplinary setting in a teaching medical center in Lebanon, New Hampshire. The successful applicant will provide comprehensive optometric care including contact lenses. This position also includes a faculty appointment at Dartmouth Medical School. Qualified candidates should have a doctorate in optometry (O.D.) and residency training or 3-5 years of experience in comprehensive optometry. Eligibility for licensure in the state of New Hampshire is required. We offer a competitive salary, a generous continuing education allowance, ample vacation time, health care benefits, malpractice insurance and a savings plan.

Interested applicants should submit a letter of intent and current CV electronically to:

Peter G. Lapre, O.D.  
Chair, Optometric Search  
Section of Ophthalmology  
Dartmouth-Hitchcock Medical Center  
One Medical Center Drive, Lebanon, NH 03756  
E-mail: Peter.G.Lapre@hitchcock.org



Dartmouth-Hitchcock Clinic is an affirmative action/equal opportunity employer and is especially interested in identifying female and minority candidates.

[www.DHMC.org](http://www.DHMC.org)



### The Illinois College of Optometry Is now Accepting Applications for 2010-2011 Residency Programs

#### Intramural Programs

*At the Illinois Eye Institute, Chicago, IL*

Binocular Vision and Pediatric Optometry (2 positions)

Cornea and Contact Lenses (1 position)

Low Vision Rehabilitation and Ocular Disease (2 positions) *offered in conjunction with the Chicago Lighthouse for People who are Blind or Visually Impaired and the Spectrios Institute*

Primary Care (5 positions)

#### Extramural Programs

Ocular Disease and Low Vision Rehabilitation (3 positions) *at Jesse Brown Chicago VAMC and Edward Hines Jr. VA Hospital*

Refractive Surgery Co-management and Anterior Segment Disease (1 position) *at Davis Duehr Dean, Madison, Wisconsin*

Corneal and Refractive Eye Care (1 position) *at Minnesota Eye Consultants, Minneapolis, MN*

Application for all programs is through the Optometry Residency Matching Service at [www.orms.org](http://www.orms.org) Application deadline: Feb. 1, 2010

All applicants must have earned an OD degree from an ACOE accredited school or college of optometry by the time of matriculation. Residencies may impose citizenship requirements according to law.

For further information, please contact:

Stephanie S. Messner, O.D.  
Illinois College of Optometry  
3241 S. Michigan Ave.  
Chicago, IL 60616  
312-949-7015  
[smessner@ico.edu](mailto:smessner@ico.edu)

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### Announcement of VA Optometry Residency Openings 2010-2011

Northport VA Medical Center, Long Island, NY announces the availability of four optometric residency positions. The Residency Program is under the guidance of the Northport VA staff and is affiliated with the SUNY State College of Optometry. The uniqueness of the Residency Program is that the residents will receive extensive didactic/clinical training and experience in three major areas:

- (1) **Primary Care**, including the diagnosis & treatment of all ocular diseases,
- (2) **Rehabilitative Optometry**, including management of head trauma, stroke, vestibular and binocular problems, and
- (3) **Low Vision Rehabilitation**

Residents will also rotate through various clinics within the Medical Center. This one-year program will commence on July 1, 2010. Please submit application through ORMS by 2/1/10. Additionally, the following materials need to be submitted directly to the Residency Program Supervisor: complete curriculum vitae w/letter of interest, optometry school transcripts, National Board scores, (3) letters of recommendation, & copies of any state licenses, if obtained. Approx stipend: \$32,800.

Please send materials to:  
Michael McGovern, O.D., F.A.A.O.,  
Residency Program Supervisor,  
Optometry Service (123),  
Department of Veterans Affairs,  
Medical Center, Northport, NY 11768.  
Email: [Michael.McGovern@va.gov](mailto:Michael.McGovern@va.gov)

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## CLASSIFIEDS

### Professional Opportunities

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**CENTRAL PENNSYLVANIA.** Well-established practice for sale due to retirement planning. Excellent opportunity for young energetic optometrist. Call 717 892 6761.

**Danville VA,** Large practice needs associate/partner. Email resume with cover letter to drmbbauman@comcast.net

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**INDIANA:** Residency trained or ophthalmic disease experienced optometrist for busy medical/surgical referral practice. Contact Jim Hunter at 317-925-2200 or fax resume to 317-921-6614.

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**North Carolina** - excellent opportunity for associate in beautiful Raleigh, Winston-Salem, or Greensboro. Full or PT. Exceptional income in six figures plus range. Benefits including health, dental, retirement, CE, license. Knowledgeable support staff. Dr Bill Fox 1-919-844-2114; 1-919-744-6389; drfox@nc.rr.com

**PRIVATE PRACTICES FOR SALE/ SELLERS NEEDED FOR BUYERS SEEKING PRIVATE PRACTICES** in Ohio, New York and Florida. Contact Sandra Kennedy at National Practice Brokers (800) 201-3585.

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**Virginia, Roanoke Metro Area** Optometrist F/T, top salary and benefits. Recent grads welcome to apply. Please call 732-502-0071

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How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC(International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life. Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website ([www.vosh.org](http://www.vosh.org)) and click on Technology Transfer Program. Information about IMEC is available at [www.imecamerica.com](http://www.imecamerica.com). The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes. This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to:

VOSH INTERNATIONAL  
C/O VOSH FL  
3701 SE 66th Street  
Ocala, FL 34480  
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact [www.vosh.org](http://www.vosh.org) with any questions or email [jeforey@comcast.net](mailto:jeforey@comcast.net) and [voshinternational@comcast.net](mailto:voshinternational@comcast.net).

### Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$65 (40 words maximum) 2 column inches = \$115 (80 words maximum) 3 column inches = \$155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at [t.peppers@elsevier.com](mailto:t.peppers@elsevier.com) attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers – Elsevier ad sales contact – at 212.633.3766 for advertising rates for all classifieds and showcase ads.



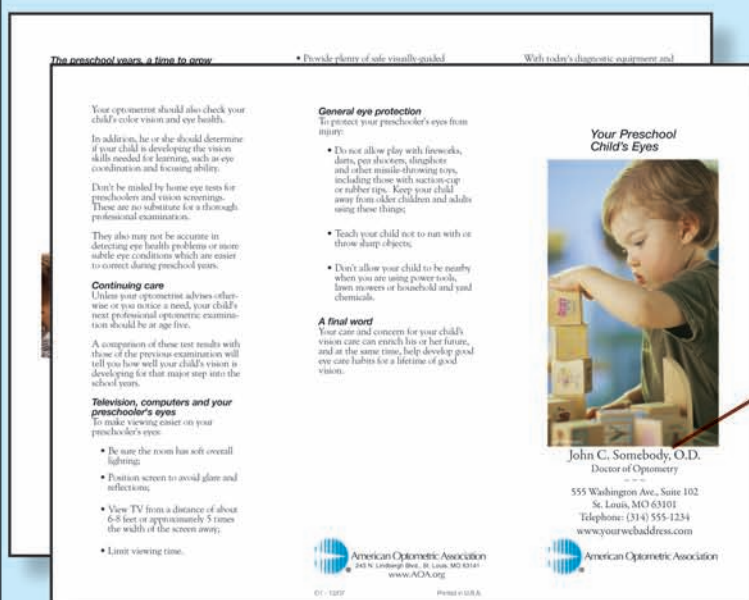


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State  
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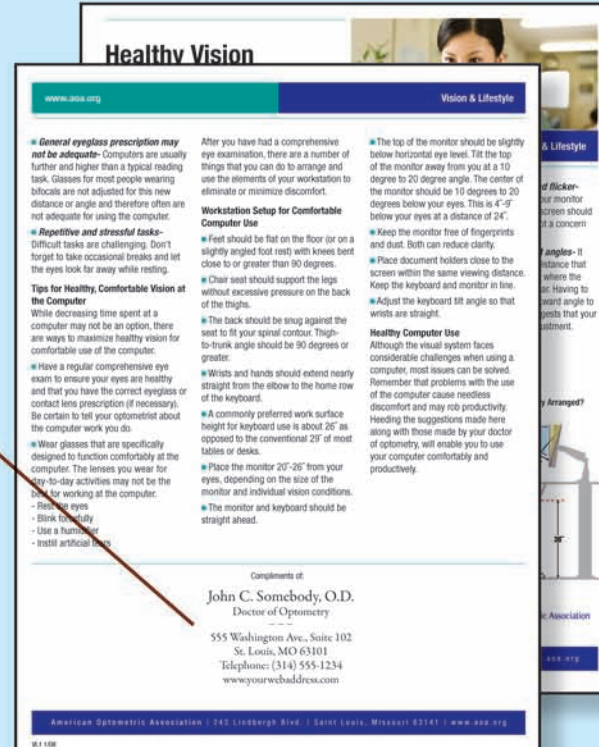
Zip  
63101

Phone  
Telephone: (314) 555-1234

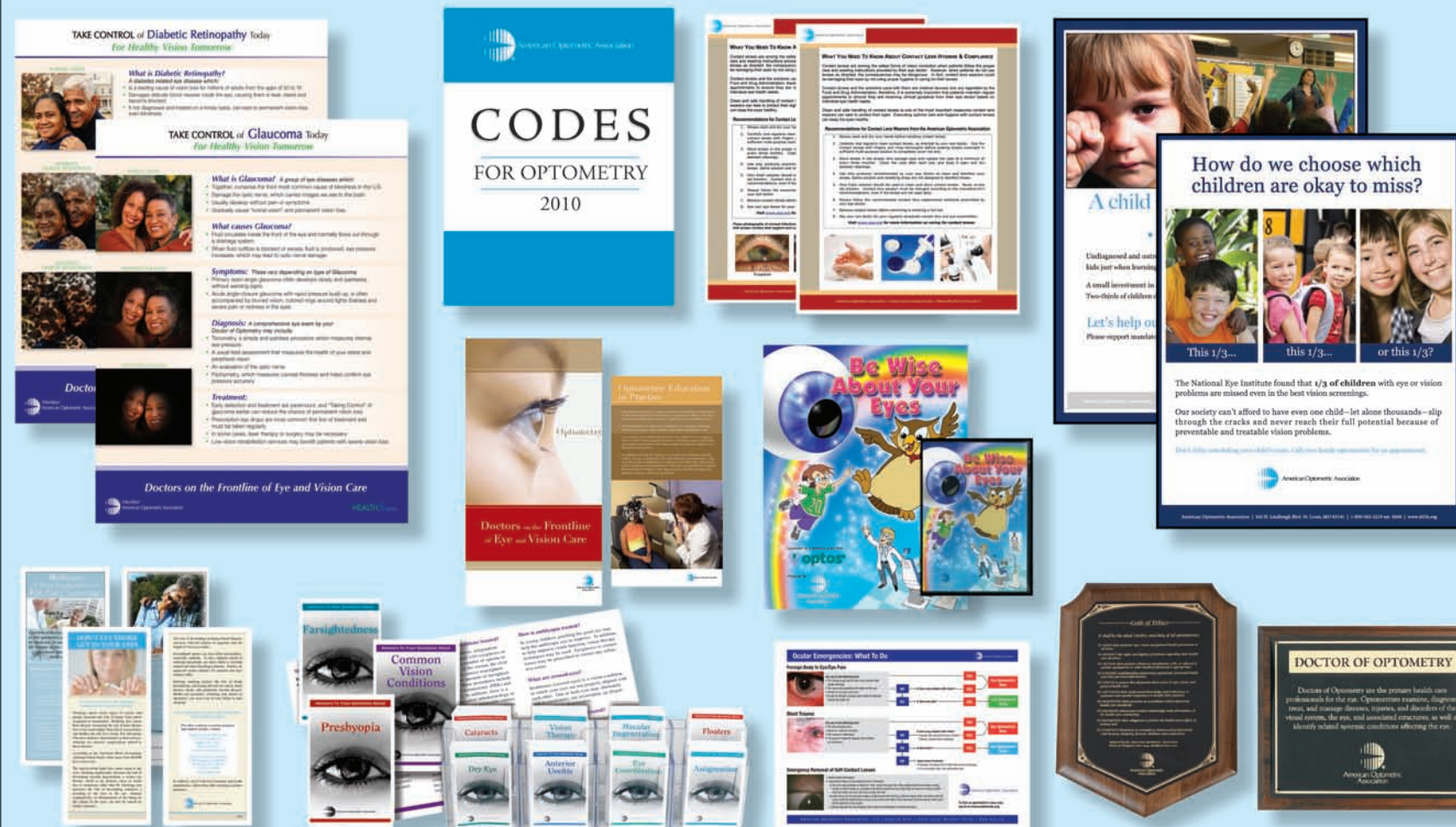
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**CANCEL** **CREATE**



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Give your silicone hydrogel patients an

# Extra Hour of Comfort with CLEAR CARE®<sup>1</sup>

In a clinical study, silicone hydrogel lens wearers using Clear Care enjoyed, on average, **one extra hour of comfortable wear time** compared to when they used OPTI-FREE® RepleniSH®.

## The comfortable solution

- Clear Care is clinically proven #1 for comfort.<sup>2,3</sup>

## The gentle solution

- No MPS preservatives—gentle on the eyes.
- The lowest levels of solution-induced corneal staining with silicone hydrogel lenses.<sup>4</sup>

## The powerful solution

- Powerful hydrogen peroxide kills germs and bacteria that can cause eye infections.

## The easy solution

- 3 easy steps for patients to follow.
- Multi-purpose solution users say Clear Care is easy to use.<sup>5</sup>

Upgrade your silicone hydrogel patients to Clear Care today.

The powerful clean  
WITH A *gentle touch*\*



For more information, visit [clearcaresolution.com](http://clearcaresolution.com) or call 1-800-241-5999.

\*When used as directed.

**References:** 1. CIBA VISION® data on file, 2008. On average vs. OPTI-FREE® RepleniSH® 2. CIBA VISION data on file, 2006. According to subjective ratings given by silicone hydrogel lens wearers in a clinical study comparing Clear Care to OPTI-FREE RepleniSH, OPTI-FREE EXPRESS®, COMPLETE® MoisturePLUS™ and ReNu MultiPlus® as a group. 3. Dillehay SM, McCarter HE, et al. A comparison of multi-purpose care systems. *Contact Lens Spectrum*. 2002; April: 30-36. 4. Carnt N, Willcox MDP, Evans V, Naduvilath TJ, Tilla D, et al. Corneal staining: the IER matrix study. *Contact Lens Spectrum*. 2007; 22(9):38-43. 5. CIBA VISION data on file, 2006.

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